| Fill in this information to identify your case: |                                 |                                    |
|-------------------------------------------------|---------------------------------|------------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                    |
| WESTERN DISTRICT OF NEW YORK                    | _                               |                                    |
| Case number (if known)                          | _ Chapter you are filing under: |                                    |
|                                                 | Chapter 7                       |                                    |
|                                                 | ☐ Chapter 11                    |                                    |
|                                                 | ☐ Chapter 12                    |                                    |
|                                                 | ☐ Chapter 13                    | Check if this is an amended filing |

## Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself                                                                                                                                                                         |                                                                                          |                                                                   |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
|     |                                                                                                                                                                                                | About Debtor 1:                                                                          | About Debtor 2 (Spouse Only in a Joint Case):                     |
| 1.  | Your full name                                                                                                                                                                                 |                                                                                          |                                                                   |
|     | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee. | Samantha First name  M. Middle name  Mothersell Last name and Suffix (Sr., Jr., II, III) | First name  Middle name  Last name and Suffix (Sr., Jr., II, III) |
| 2.  | All other names you have used in the last 8 years Include your married or maiden names.                                                                                                        | Samantha Megann Mothersell                                                               |                                                                   |
| 3.  | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)                                                                              | xxx-xx-5969                                                                              |                                                                   |

|                                                                                                            |                                                 | About Debtor 1:                                                                                                                                                                           | About Debtor 2 (Spouse Only in a Joint Case):                                                                                                                                             |  |  |  |
|------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| 4. Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years |                                                 | ■ I have not used any business name or EINs.                                                                                                                                              | ☐ I have not used any business name or EINs.                                                                                                                                              |  |  |  |
|                                                                                                            | Include trade names and doing business as names | Business name(s)                                                                                                                                                                          | Business name(s)                                                                                                                                                                          |  |  |  |
|                                                                                                            |                                                 | EINs                                                                                                                                                                                      | EINs                                                                                                                                                                                      |  |  |  |
| 5.                                                                                                         | Where you live                                  | 149 Fayette Street                                                                                                                                                                        | If Debtor 2 lives at a different address:                                                                                                                                                 |  |  |  |
|                                                                                                            |                                                 | Palmyra, NY 14522  Number, Street, City, State & ZIP Code                                                                                                                                 | Number, Street, City, State & ZIP Code                                                                                                                                                    |  |  |  |
|                                                                                                            |                                                 | Wayne                                                                                                                                                                                     |                                                                                                                                                                                           |  |  |  |
|                                                                                                            |                                                 | County                                                                                                                                                                                    | County                                                                                                                                                                                    |  |  |  |
|                                                                                                            |                                                 | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.                                       | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.                                                |  |  |  |
|                                                                                                            |                                                 | Number, P.O. Box, Street, City, State & ZIP Code                                                                                                                                          | Number, P.O. Box, Street, City, State & ZIP Code                                                                                                                                          |  |  |  |
| 6. Why you are choosing this district to file for bankruptcy                                               |                                                 | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.) |  |  |  |
|                                                                                                            |                                                 |                                                                                                                                                                                           |                                                                                                                                                                                           |  |  |  |

| 7.  | The chapter of the Bankruptcy Code you are                                                                         | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.                                                                                                                                               |                                               |                                                               |                                                                                                             |                                                                                                                                                             |                 |  |  |  |
|-----|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--|--|--|
|     | choosing to file under                                                                                             | ■ Chapter 7                                                                                                                                                                                                                                                                                                                                           |                                               |                                                               |                                                                                                             |                                                                                                                                                             |                 |  |  |  |
|     |                                                                                                                    | ☐ Cha                                                                                                                                                                                                                                                                                                                                                 | pter 11                                       |                                                               |                                                                                                             |                                                                                                                                                             |                 |  |  |  |
|     |                                                                                                                    | ☐ Cha                                                                                                                                                                                                                                                                                                                                                 | pter 12                                       |                                                               |                                                                                                             |                                                                                                                                                             |                 |  |  |  |
|     |                                                                                                                    | ☐ Cha                                                                                                                                                                                                                                                                                                                                                 | pter 13                                       |                                                               |                                                                                                             |                                                                                                                                                             |                 |  |  |  |
| 8.  | How you will pay the fee                                                                                           | I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's corder. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit can a pre-printed address. |                                               |                                                               |                                                                                                             |                                                                                                                                                             |                 |  |  |  |
|     |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                       |                                               |                                                               | allments. If you choose this option (Official Form 103A).                                                   | on, sign and attach the Application for Individu                                                                                                            | ıals to Pay     |  |  |  |
|     |                                                                                                                    | □ I<br>b<br>a                                                                                                                                                                                                                                                                                                                                         | request that<br>ut is not rec<br>pplies to yo | at my fee be wai<br>quired to, waive yo<br>ur family size and | ved (You may request this optio<br>our fee, and may do so only if you<br>d you are unable to pay the fee in | n only if you are filing for Chapter 7. By law, a<br>our income is less than 150% of the official power<br>installments). If you choose this option, you is | verty line that |  |  |  |
| 9.  | Have you filed for                                                                                                 | ■ No.                                                                                                                                                                                                                                                                                                                                                 | пе Аррисат                                    | on to Have the Cl                                             | napter 7 Filing Fee Walved (Οπι                                                                             | cial Form 103B) and file it with your petition.                                                                                                             |                 |  |  |  |
|     | bankruptcy within the last 8 years?                                                                                | ☐ Yes.                                                                                                                                                                                                                                                                                                                                                |                                               |                                                               |                                                                                                             |                                                                                                                                                             |                 |  |  |  |
|     | lact o youro.                                                                                                      | <b>□</b> 163.                                                                                                                                                                                                                                                                                                                                         | District                                      |                                                               | When                                                                                                        | Case number                                                                                                                                                 |                 |  |  |  |
|     |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                       | District                                      |                                                               | When                                                                                                        | Case number                                                                                                                                                 |                 |  |  |  |
|     |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                       | District                                      |                                                               | When                                                                                                        | Case number                                                                                                                                                 |                 |  |  |  |
| 10. | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business | ■ No                                                                                                                                                                                                                                                                                                                                                  |                                               |                                                               |                                                                                                             |                                                                                                                                                             |                 |  |  |  |
|     | partner, or by an                                                                                                  |                                                                                                                                                                                                                                                                                                                                                       |                                               |                                                               |                                                                                                             |                                                                                                                                                             |                 |  |  |  |
|     | affiliate?                                                                                                         |                                                                                                                                                                                                                                                                                                                                                       | Debtor                                        |                                                               |                                                                                                             | Relationship to you                                                                                                                                         |                 |  |  |  |
|     |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                       | District                                      |                                                               | When                                                                                                        | Case number, if known                                                                                                                                       |                 |  |  |  |
|     |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                       | Debtor                                        |                                                               |                                                                                                             | Relationship to you                                                                                                                                         |                 |  |  |  |
|     |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                       | District                                      |                                                               | When                                                                                                        | Case number, if known                                                                                                                                       |                 |  |  |  |
| 11. | Do you rent your                                                                                                   | □ No.                                                                                                                                                                                                                                                                                                                                                 | Go to                                         | line 12.                                                      |                                                                                                             |                                                                                                                                                             |                 |  |  |  |
|     | residence?                                                                                                         | Yes.                                                                                                                                                                                                                                                                                                                                                  | Has yo                                        | our landlord obtai                                            | ned an eviction judgment agains                                                                             | st you?                                                                                                                                                     |                 |  |  |  |
|     |                                                                                                                    | ■ Yes.                                                                                                                                                                                                                                                                                                                                                |                                               | No. Go to line 1                                              |                                                                                                             | ,                                                                                                                                                           |                 |  |  |  |
|     |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                       | □                                             |                                                               | ial Statement About an Eviction                                                                             | Judgment Against You (Form 101A) and file it                                                                                                                | with this       |  |  |  |

Case number (if known)

Debtor 1 Samantha M. Mothersell

| 14.                                     | Are you a sole proprietor of any full- or part-time business?                                                                                                   | ■ No.    | Go to                | Part 4.                                    |                                                                                                                                                                                                                                                                             |
|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                         |                                                                                                                                                                 | ☐ Yes.   | Nam                  | e and location of bus                      | iness                                                                                                                                                                                                                                                                       |
|                                         | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |          | Nam                  | e of business, if any                      |                                                                                                                                                                                                                                                                             |
|                                         | If you have more than one sole proprietorship, use a separate sheet and attach                                                                                  |          |                      | ber, Street, City, Sta                     |                                                                                                                                                                                                                                                                             |
|                                         | it to this petition.                                                                                                                                            |          |                      |                                            | x to describe your business:<br>ness (as defined in 11 U.S.C. § 101(27A))                                                                                                                                                                                                   |
|                                         |                                                                                                                                                                 |          |                      |                                            | Estate (as defined in 11 U.S.C. § 101(27A))                                                                                                                                                                                                                                 |
|                                         |                                                                                                                                                                 |          |                      | <b>o</b>                                   | efined in 11 U.S.C. § 101(53A))                                                                                                                                                                                                                                             |
|                                         |                                                                                                                                                                 |          |                      | `                                          |                                                                                                                                                                                                                                                                             |
|                                         |                                                                                                                                                                 |          |                      | None of the above                          | er (as defined in 11 U.S.C. § 101(6))                                                                                                                                                                                                                                       |
|                                         |                                                                                                                                                                 |          |                      | None of the above                          |                                                                                                                                                                                                                                                                             |
| Chapter 11 of the deadlines. If you inc |                                                                                                                                                                 |          | s. If you ins, cash- | ndicate that you are flow statement, and f | court must know whether you are a small business debtor so that it can set appropriate<br>a small business debtor, you must attach your most recent balance sheet, statement of<br>ederal income tax return or if any of these documents do not exist, follow the procedure |
|                                         | For a definition of small                                                                                                                                       | ■ No.    | I am                 | not filing under Chap                      | oter 11.                                                                                                                                                                                                                                                                    |
|                                         | business debtor, see 11 U.S.C. § 101(51D).                                                                                                                      | □ No.    | I am<br>Code         | -                                          | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy                                                                                                                                                                                      |
|                                         |                                                                                                                                                                 | ☐ Yes.   | I am                 | filing under Chapter                       | 11 and I am a small business debtor according to the definition in the Bankruptcy Code                                                                                                                                                                                      |
| Par                                     | t 4: Report if You Own or                                                                                                                                       | Have Any | y Hazard             | ous Property or An                         | y Property That Needs Immediate Attention                                                                                                                                                                                                                                   |
| 14.                                     | Do you own or have any                                                                                                                                          | ■ No.    |                      |                                            |                                                                                                                                                                                                                                                                             |
|                                         | property that poses or is<br>alleged to pose a threat<br>of imminent and<br>identifiable hazard to                                                              | ☐ Yes.   | What is              | the hazard?                                |                                                                                                                                                                                                                                                                             |
|                                         | public health or safety?<br>Or do you own any<br>property that needs<br>immediate attention?                                                                    |          |                      | diate attention is<br>, why is it needed?  |                                                                                                                                                                                                                                                                             |
|                                         | For example, do you own perishable goods, or livestock that must be fed.                                                                                        |          | Where                | is the property?                           |                                                                                                                                                                                                                                                                             |
|                                         | or a building that needs urgent repairs?                                                                                                                        |          |                      |                                            |                                                                                                                                                                                                                                                                             |

Case number (if known)

Debtor 1 Samantha M. Mothersell

#### Part 5:

#### Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 ☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|------------------------------------------------------|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb | otor 1 Samantha M. Motl                                                                | nersell               |                                                                                                                                                                                                      | Case numb                                                                               | Oer (if known)                                                                           |  |  |  |  |
|-----|----------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--|--|--|--|
| Par | t 6: Answer These Quest                                                                | ions for Re           | eporting Purposes                                                                                                                                                                                    |                                                                                         |                                                                                          |  |  |  |  |
| 16. | What kind of debts do you have?                                                        | 16a.                  | <b>Are your debts primarily consumer debts?</b> Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."              |                                                                                         |                                                                                          |  |  |  |  |
|     |                                                                                        |                       | ☐ No. Go to line 16b.                                                                                                                                                                                |                                                                                         |                                                                                          |  |  |  |  |
|     |                                                                                        |                       | ■ Yes. Go to line 17.                                                                                                                                                                                |                                                                                         |                                                                                          |  |  |  |  |
|     |                                                                                        | 16b.                  |                                                                                                                                                                                                      | business debts? Business debts are debt                                                 |                                                                                          |  |  |  |  |
|     |                                                                                        |                       | ☐ No. Go to line 16c.                                                                                                                                                                                |                                                                                         |                                                                                          |  |  |  |  |
|     |                                                                                        |                       | ☐ Yes. Go to line 17.                                                                                                                                                                                |                                                                                         |                                                                                          |  |  |  |  |
|     |                                                                                        | 16c.                  | State the type of debts you                                                                                                                                                                          | owe that are not consumer debts or busine                                               | ess debts                                                                                |  |  |  |  |
| 17. | Are you filing under<br>Chapter 7?                                                     | □ No.                 | I am not filing under Chapte                                                                                                                                                                         | er 7. Go to line 18.                                                                    |                                                                                          |  |  |  |  |
|     | Do you estimate that after any exempt property is excluded and administrative expenses |                       |                                                                                                                                                                                                      | Do you estimate that after any exempt provailable to distribute to unsecured creditor   | operty is excluded and administrative expenses s?                                        |  |  |  |  |
|     | administrative expenses are paid that funds will                                       |                       | ■ No                                                                                                                                                                                                 |                                                                                         |                                                                                          |  |  |  |  |
|     | be available for distribution to unsecured creditors?                                  |                       | Yes                                                                                                                                                                                                  |                                                                                         |                                                                                          |  |  |  |  |
| 18. | How many Creditors do                                                                  |                       |                                                                                                                                                                                                      | <b>1</b> ,000-5,000                                                                     | <b>1</b> 25,001-50,000                                                                   |  |  |  |  |
|     | you estimate that you owe?                                                             | □ 50-99               |                                                                                                                                                                                                      | □ 5001-10,000                                                                           | <u></u> 50,001-100,000                                                                   |  |  |  |  |
|     |                                                                                        | ☐ 100-19<br>☐ 200-99  |                                                                                                                                                                                                      | □ 10,001-25,000                                                                         | ☐ More than100,000                                                                       |  |  |  |  |
| 19. | How much do you estimate your assets to                                                |                       | 50,000                                                                                                                                                                                               | □ \$1,000,001 - \$10 million                                                            | \$500,000,001 - \$1 billion                                                              |  |  |  |  |
|     | be worth?                                                                              |                       | 01 - \$100,000                                                                                                                                                                                       | ☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million                            | ☐ \$1,000,000,001 - \$10 billion<br>☐ \$10,000,000,001 - \$50 billion                    |  |  |  |  |
|     |                                                                                        |                       | 001 - \$500,000<br>001 - \$1 million                                                                                                                                                                 | □ \$100,000,001 - \$500 million                                                         | ☐ More than \$50 billion                                                                 |  |  |  |  |
| 20. | How much do you                                                                        | □ \$0 - \$9           | 50,000                                                                                                                                                                                               | ☐ \$1,000,001 - \$10 million                                                            | ☐ \$500,000,001 - \$1 billion                                                            |  |  |  |  |
|     | estimate your liabilities to be?                                                       | \$50,0                | 01 - \$100,000                                                                                                                                                                                       | □ \$10,000,001 - \$50 million                                                           | □ \$1,000,000,001 - \$10 billion                                                         |  |  |  |  |
|     |                                                                                        |                       | 001 - \$500,000<br>001 - \$1 million                                                                                                                                                                 | □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million                          | ☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion                                |  |  |  |  |
| Par | t 7: Sign Below                                                                        |                       |                                                                                                                                                                                                      |                                                                                         |                                                                                          |  |  |  |  |
| For | you                                                                                    | I have ex             | amined this petition, and I de                                                                                                                                                                       | eclare under penalty of perjury that the info                                           | ormation provided is true and correct.                                                   |  |  |  |  |
|     |                                                                                        |                       |                                                                                                                                                                                                      | 7, I am aware that I may proceed, if eligibl relief available under each chapter, and I | e, under Chapter 7, 11,12, or 13 of title 11, choose to proceed under Chapter 7.         |  |  |  |  |
|     |                                                                                        |                       | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). |                                                                                         |                                                                                          |  |  |  |  |
|     |                                                                                        | I request             | relief in accordance with the                                                                                                                                                                        | chapter of title 11, United States Code, sp                                             | pecified in this petition.                                                               |  |  |  |  |
|     |                                                                                        | bankrupto<br>and 3571 | cy case can result in fines up                                                                                                                                                                       | at, concealing property, or obtaining money to \$250,000, or imprisonment for up to 20  | or property by fraud in connection with a pyears, or both. 18 U.S.C. §§ 152, 1341, 1519, |  |  |  |  |
|     |                                                                                        | Samant                | antha M. Mothersell<br>ha M. Mothersell<br>of Debtor 1                                                                                                                                               | Signature of Deb                                                                        | tor 2                                                                                    |  |  |  |  |
|     |                                                                                        | Executed              | on <b>January 16, 2020</b>                                                                                                                                                                           | Executed on                                                                             |                                                                                          |  |  |  |  |
|     |                                                                                        |                       | MM / DD / YYYY                                                                                                                                                                                       | M                                                                                       | M / DD / YYYY                                                                            |  |  |  |  |
|     |                                                                                        |                       |                                                                                                                                                                                                      |                                                                                         |                                                                                          |  |  |  |  |

| Debtor 1 Samantha M. Mot                         | hersell                                            | Case number (if known)  |                                                                                                                                                           |  |
|--------------------------------------------------|----------------------------------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|                                                  |                                                    |                         |                                                                                                                                                           |  |
| For your attorney, if you are represented by one | under Chapter 7, 11, 12, or 13 of title 11, United | States Code, and have e | informed the debtor(s) about eligibility to proceed explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b) |  |
| f you are not represented by                     | and, in a case in which § 707(b)(4)(D) applies, co |                         | , , , , , , , , , , , , , , , , , , , ,                                                                                                                   |  |
| an attorney, you do not need to file this page.  | schedules filed with the petition is incorrect.    | •                       |                                                                                                                                                           |  |
|                                                  | /s/ Ronald S. Goldman, Esq.                        | Date                    | January 16, 2020                                                                                                                                          |  |
|                                                  | Signature of Attorney for Debtor                   |                         | MM / DD / YYYY                                                                                                                                            |  |
|                                                  | Ronald S. Goldman, Esq.                            |                         |                                                                                                                                                           |  |
|                                                  | Printed name                                       |                         |                                                                                                                                                           |  |
|                                                  | Ronald S. Goldman, Esq.                            |                         |                                                                                                                                                           |  |
|                                                  | Firm name                                          |                         |                                                                                                                                                           |  |
|                                                  | 45 Exchange Street, Suite #532                     |                         |                                                                                                                                                           |  |
|                                                  | Rochester, NY 14614                                |                         |                                                                                                                                                           |  |
|                                                  | Number, Street, City, State & ZIP Code             |                         |                                                                                                                                                           |  |

Email address

rosgol@yahoo.com

Contact phone **(585) 546-7410** 

Bar number & State

| Fill          | n this information to identify your case:                                                                                                                                                                                                                                                                                                                                                                                    |               |                               |
|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------|
| Deb           | Garnaria III III di Con                                                                                                                                                                                                                                                                                                                                                                                                      |               |                               |
| Deh           | First Name Middle Name Last Name  Or 2                                                                                                                                                                                                                                                                                                                                                                                       |               |                               |
|               | se if, filing) First Name Middle Name Last Name                                                                                                                                                                                                                                                                                                                                                                              |               |                               |
| Unit          | ed States Bankruptcy Court for the: WESTERN DISTRICT OF NEW YORK                                                                                                                                                                                                                                                                                                                                                             |               |                               |
| Cas<br>(if kn | e number                                                                                                                                                                                                                                                                                                                                                                                                                     |               | c if this is an<br>ded filing |
| Su<br>Be a    | icial Form 106Sum  mmary of Your Assets and Liabilities and Certain Statistical Information complete and accurate as possible. If two married people are filing together, both are equally responsible from the nation. Fill out all of your schedules first; then complete the information on this form. If you are filing amend original forms, you must fill out a new Summary and check the box at the top of this page. | or supplyir   |                               |
| Par           | 1: Summarize Your Assets                                                                                                                                                                                                                                                                                                                                                                                                     |               |                               |
|               |                                                                                                                                                                                                                                                                                                                                                                                                                              | Your a        | ssets<br>If what you own      |
| 1.            | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B                                                                                                                                                                                                                                                                                                                        | \$            | 0.00                          |
|               | 1b. Copy line 62, Total personal property, from Schedule A/B                                                                                                                                                                                                                                                                                                                                                                 | \$            | 23,917.79                     |
|               | 1c. Copy line 63, Total of all property on Schedule A/B                                                                                                                                                                                                                                                                                                                                                                      | \$            | 23,917.79                     |
| Par           | 2: Summarize Your Liabilities                                                                                                                                                                                                                                                                                                                                                                                                |               |                               |
|               |                                                                                                                                                                                                                                                                                                                                                                                                                              | Your li       | abilities                     |
|               |                                                                                                                                                                                                                                                                                                                                                                                                                              |               | t you owe                     |
| 2.            | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D                                                                                                                                                                                                                           | \$            | 27,304.00                     |
| 3.            | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                                                                                                                                                                                                                                                      | \$            | 4,200.00                      |
|               | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F                                                                                                                                                                                                                                                                                                                            | \$            | 48,724.06                     |
|               | Your total liabilities                                                                                                                                                                                                                                                                                                                                                                                                       | \$            | 80,228.06                     |
| Par           | 3: Summarize Your Income and Expenses                                                                                                                                                                                                                                                                                                                                                                                        |               |                               |
| 4.            | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I                                                                                                                                                                                                                                                                                                                    | \$            | 4,225.39                      |
| 5.            | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J                                                                                                                                                                                                                                                                                                                        | \$            | 4,224.67                      |
| Par           | 4: Answer These Questions for Administrative and Statistical Records                                                                                                                                                                                                                                                                                                                                                         |               |                               |
| 6.            | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                                                                                                                                                                                                                                               | our other scl | nedules.                      |
| 7.            | ■ Yes What kind of debt do you have?                                                                                                                                                                                                                                                                                                                                                                                         |               |                               |
|               | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.                                                                                                                                                                                                            | r a personal  | family, or                    |
|               | Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check the the court with your other schedules.                                                                                                                                                                                                                                                                             | is box and s  | ubmit this form to            |

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 4,946.85

Opp the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following:                                                                             | Total | claim     |
|------------------------------------------------------------------------------------------------------------------------------|-------|-----------|
| 9a. Domestic support obligations (Copy line 6a.)                                                                             | \$    | 0.00      |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)                                                    | \$    | 4,200.00  |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)                                          | \$    | 0.00      |
| 9d. Student loans. (Copy line 6f.)                                                                                           | \$    | 16,609.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$    | 0.00      |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$   | 791.93    |
| 9g. <b>Total.</b> Add lines 9a through 9f.                                                                                   | \$    | 21,600.93 |

|                               | thic inform                                     | ation to identify your                                   | r oace and                                    | thic filings                                             |                                                                                                                                                                          |                                                                                                         |                                      |                      |
|-------------------------------|-------------------------------------------------|----------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------|
|                               |                                                 |                                                          |                                               | uns ming.                                                |                                                                                                                                                                          |                                                                                                         |                                      |                      |
| Debto                         | r 1                                             | Samantha M. Mo                                           |                                               | Idle Name                                                | Last Name                                                                                                                                                                |                                                                                                         |                                      |                      |
| Debto                         | r 2                                             | T inst Hamis                                             |                                               | iaio riaino                                              | 2401.144110                                                                                                                                                              |                                                                                                         |                                      |                      |
| (Spouse                       | e, if filing)                                   | First Name                                               | Mic                                           | Idle Name                                                | Last Name                                                                                                                                                                |                                                                                                         |                                      |                      |
| United                        | d States Ban                                    | kruptcy Court for the:                                   | WESTER                                        | RN DISTRICT C                                            | OF NEW YORK                                                                                                                                                              |                                                                                                         |                                      |                      |
| Case                          | number                                          |                                                          |                                               |                                                          |                                                                                                                                                                          |                                                                                                         | [                                    | Check if this is an  |
|                               |                                                 |                                                          |                                               |                                                          |                                                                                                                                                                          |                                                                                                         |                                      | amended filing       |
|                               |                                                 | /=                                                       |                                               |                                                          |                                                                                                                                                                          |                                                                                                         |                                      |                      |
| Offic                         | cial For                                        | m 106A/B                                                 |                                               |                                                          |                                                                                                                                                                          |                                                                                                         |                                      |                      |
| Sch                           | nedule                                          | e A/B: Prop                                              | perty                                         |                                                          |                                                                                                                                                                          |                                                                                                         |                                      | 12/15                |
| think it<br>informa<br>Answer | fits best. Be<br>ation. If more<br>every questi | as complete and accurs<br>space is needed, attach<br>on. | ate as poss<br>h a separate                   | ible. If two marri<br>sheet to this for                  | once. If an asset fits in more that ed people are filing together, bo rm. On the top of any additional to the top of any additional to the You Own or Have an Interest I | th are equally responding the pages, write your n                                                       | onsible for supp                     | olying correct       |
| Part 1:                       |                                                 | ,                                                        | <u>, , , , , , , , , , , , , , , , , , , </u> |                                                          |                                                                                                                                                                          |                                                                                                         |                                      |                      |
| 1. <b>Do</b> y                | ou own or ha                                    | ve any legal or equitabl                                 | le interest i                                 | n any residence,                                         | building, land, or similar proper                                                                                                                                        | ty?                                                                                                     |                                      |                      |
| ■ N                           | lo. Go to Part 2                                | 2.                                                       |                                               |                                                          |                                                                                                                                                                          |                                                                                                         |                                      |                      |
| ΠY                            | es. Where is                                    | the property?                                            |                                               |                                                          |                                                                                                                                                                          |                                                                                                         |                                      |                      |
|                               |                                                 |                                                          |                                               |                                                          |                                                                                                                                                                          |                                                                                                         |                                      |                      |
| Part 2:                       | Describe Y                                      | our Vehicles                                             |                                               |                                                          |                                                                                                                                                                          |                                                                                                         |                                      |                      |
| 3. <b>C</b> ar<br>□ N<br>■ Y  | lo                                              | cks, tractors, sport u                                   | itility vehic                                 | eles, motorcycl                                          | les                                                                                                                                                                      |                                                                                                         |                                      |                      |
| 3.1                           | Make: V                                         | olkswagen                                                |                                               | Who has an interest in the property? Check one           |                                                                                                                                                                          | Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D</i> : |                                      |                      |
|                               | Model: Jo                                       | etta R-Line Sedan                                        |                                               | Debtor 1 only                                            |                                                                                                                                                                          |                                                                                                         | Creditors Who Have Claims Secured by |                      |
|                               |                                                 | 019                                                      |                                               | Debtor 2 only                                            |                                                                                                                                                                          | Current va                                                                                              |                                      | Current value of the |
|                               | Approximate                                     |                                                          | 2,000                                         | Debtor 1 and                                             |                                                                                                                                                                          | entire prop                                                                                             | perty?                               | portion you own?     |
| Г                             | Other informa                                   | ation:<br>dition (lien). Kbb.o                           | com                                           | At least one of                                          | f the debtors and another                                                                                                                                                |                                                                                                         |                                      |                      |
|                               |                                                 | rty value as of                                          |                                               | ☐ Check if this is community property (see instructions) |                                                                                                                                                                          | \$1                                                                                                     | 5,556.00                             | \$7,778.00           |
|                               |                                                 |                                                          |                                               |                                                          | nal vehicles, other vehicles,<br>ssels, snowmobiles, motorcyc                                                                                                            |                                                                                                         |                                      |                      |

| De  | ebtor 1       | Samantha M.                                                            | Mothersell C                                                                                                                                      | ase number (     | "if known)                              |
|-----|---------------|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------|
| 6.  |               | old goods and fulles: Major appliand                                   | urnishings<br>ces, furniture, linens, china, kitchenware                                                                                          |                  |                                         |
|     | Yes.          | Describe                                                               |                                                                                                                                                   |                  |                                         |
|     |               |                                                                        | Household goods furniture furnishings electronics issue                                                                                           | alm, and         |                                         |
|     |               |                                                                        | Household goods, furniture, furnishings, electronics, jew other items of personal property as set forth and describe Attachment #1 - Schedule A/B |                  | \$1,670.00                              |
| 7.  | □ No          | es: Televisions an                                                     | nd radios; audio, video, stereo, and digital equipment; computers, printe<br>phones, cameras, media players, games                                | ers, scanners    | ; music collections; electronic devices |
|     |               |                                                                        | See Attachment #1 - Schedule A/B \$ values included in al                                                                                         | oove             | \$0.00                                  |
| 8.  | Example No    |                                                                        | figurines; paintings, prints, or other artwork; books, pictures, or other arns, memorabilia, collectibles                                         | t objects; sta   | mp, coin, or baseball card collections; |
|     |               |                                                                        | See Attachment #1 - Schedule A/B \$ values included in al                                                                                         | oove             | \$0.00                                  |
| 9.  | Example No    | ent for sports an<br>les: Sports, photog<br>musical instru<br>Describe | graphic, exercise, and other hobby equipment; bicycles, pool tables, go                                                                           | olf clubs, skis; | canoes and kayaks; carpentry tools;     |
| 10. | ■ No          |                                                                        | , shotguns, ammunition, and related equipment                                                                                                     |                  |                                         |
| 11. | □ No          |                                                                        | thes, furs, leather coats, designer wear, shoes, accessories                                                                                      |                  |                                         |
|     | _ 103.        | Describe                                                               |                                                                                                                                                   | 1                | <b>*</b> 000.00                         |
|     |               |                                                                        | Debtor's clothing and personal effects                                                                                                            |                  | \$200.00                                |
| 12. | □ No          |                                                                        | velry, costume jewelry, engagement rings, wedding rings, heirloom jew                                                                             | elry, watches    | , gems, gold, silver                    |
|     |               |                                                                        | See Attachment #1 - Schedule A/B \$ values included in all                                                                                        | oove             | \$0.00                                  |
| 13. | Examp<br>■ No | rm animals<br>bles: Dogs, cats, b                                      | oirds, horses                                                                                                                                     |                  |                                         |
| 14. | ■ No          | her personal and                                                       | I household items you did not already list, including any health aid                                                                              | ds you did n     | ot list                                 |

|                                           | •                                                            | •                                                                                   | including any entries for pages you have attached                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$1,870.00                                                                         |
|-------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| Part 4: Describe Yo Do you own or have    |                                                              | s<br>quitable interest in any c                                                     | of the following?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| □ No                                      |                                                              | our wallet, in your home, ir                                                        | n a safe deposit box, and on hand when you file your petit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ion                                                                                |
|                                           |                                                              |                                                                                     | Cash in possession of debtor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | \$0.01                                                                             |
|                                           | cking, savings, or<br>itutions. If you hav                   |                                                                                     | certificates of deposit; shares in credit unions, brokerage the same institution, list each.  Institution name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | houses, and other similar                                                          |
|                                           | 17.1.                                                        | Checking                                                                            | ESL Federal Credit Union                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$0.90                                                                             |
|                                           | 17.2.                                                        | Savings                                                                             | ESL Federal Credit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$0.01                                                                             |
|                                           | 17.3.                                                        | Checking                                                                            | M&T Bank                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$213.00                                                                           |
|                                           | 17.4.                                                        | Checking                                                                            | Key Bank                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$0.01                                                                             |
|                                           | 17.5.                                                        | Debit Card Account                                                                  | Bancorp Bank (Chime Card)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$0.01                                                                             |
|                                           | 17.6.                                                        | Flex spend account                                                                  | Bancorp Bank (FSA Account)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$19.24                                                                            |
| _ '                                       |                                                              |                                                                                     | ge firms, money market accounts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                    |
| ■ No<br>□ Yes                             |                                                              | Institution or issuer name                                                          | :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                    |
| 19. Non-publicly tr<br>joint venture      | aded stock and                                               | interests in incorporated about them                                                | d and unincorporated businesses, including an interest with the state of the state | st in an LLC, partnership, and                                                     |
| Negotiable inst<br>Non-negotiable<br>■ No | nd corporate bor<br>ruments include p<br>e instruments are t | nds and other negotiable<br>personal checks, cashiers'<br>those you cannot transfer | e and non-negotiable instruments checks, promissory notes, and money orders. to someone by signing or delivering them.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                    |
| ☐ Yes. Give spe                           | cific information a                                          | about them<br>uer name:                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                    |

Case number (if known)

Official Form 106A/B Schedule A/B: Property page 3

Debtor 1

Samantha M. Mothersell

| De  | ebtor 1            | Samantha M.                                | Mothersell                                                             | Case number (if kno                                                                                                 | wn)                                                                               |
|-----|--------------------|--------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 21. |                    | nent or pension a<br>bles: Interests in IF |                                                                        | (b), thrift savings accounts, or other pension or profit-shar                                                       | ing plans                                                                         |
|     | _                  | List each account                          | separately. Type of account:                                           | Institution name:                                                                                                   |                                                                                   |
|     |                    |                                            | 401(k)                                                                 | Debtor's 401(k) #1 through employer, Charte Communications                                                          | er \$4,664.22                                                                     |
|     |                    |                                            | Retirement fund exempt<br>from taxation under<br>Internal Revenue Code | Retirement plan through employer - Charter Communications                                                           | \$6,298.81<br>                                                                    |
| 22. | Your sl            |                                            | I deposits you have made so th                                         | at you may continue service or use from a company<br>blic utilities (electric, gas, water), telecommunications com  | npanies, or others                                                                |
|     | Yes.               |                                            |                                                                        | Institution name or individual:                                                                                     |                                                                                   |
|     |                    |                                            | Security deposit with landlord                                         | Security deposit with landlord                                                                                      | \$750.00                                                                          |
|     | Annuiti ■ No □ Yes |                                            | a periodic payment of money to                                         | to you, either for life or for a number of years)                                                                   |                                                                                   |
| 24. |                    | C. §§ 530(b)(1), 5                         | 29A(b), and 529(b)(1).                                                 | lified ABLE program, or under a qualified state tuition Separately file the records of any interests.11 U.S.C. § 52 |                                                                                   |
|     | ■ No               | -                                          |                                                                        | er than anything listed in line 1), and rights or powers                                                            | exercisable for your benefit                                                      |
|     |                    | •                                          | rmation about them                                                     |                                                                                                                     |                                                                                   |
|     | Examp<br>■ No      | oles: Internet dom                         |                                                                        | other intellectual property from royalties and licensing agreements                                                 |                                                                                   |
|     | ☐ Yes.             | Give specific info                         | rmation about them                                                     |                                                                                                                     |                                                                                   |
| 27. |                    |                                            | nd other general intangibles<br>nits, exclusive licenses, coopera      | ative association holdings, liquor licenses, professional lic                                                       | enses                                                                             |
|     | ☐ Yes.             | Give specific info                         | rmation about them                                                     |                                                                                                                     |                                                                                   |
| M   | oney or I          | property owed to                           | you?                                                                   |                                                                                                                     | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|     | □ No               | unds owed to yo                            |                                                                        | whether you already filed the returns and the tax years                                                             |                                                                                   |
|     | . 00.              | The specific filler                        |                                                                        | , so and and and and any outlined                                                                                   | ·<br>                                                                             |
|     |                    |                                            | Income<br>Income                                                       | e tax refund prorated to                                                                                            |                                                                                   |

NNYS Tax Refund of \$2,226.00.

\$2,323.58

| De  | ebtor 1         | Samantha M. Mothersell                                                                                                                              | Case number (if known)                            |                            |
|-----|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------|
|     |                 |                                                                                                                                                     |                                                   |                            |
| 29. | Examp           | <b>support</b> oles: Past due or lump sum alimony, spousal support, child support,                                                                  | maintenance, divorce settlement, property se      | ettlement                  |
|     | ■ No            | Give specific information                                                                                                                           |                                                   |                            |
|     | □ 165.          | Give specific information                                                                                                                           |                                                   |                            |
| 30. |                 | amounts someone owes you  oles: Unpaid wages, disability insurance payments, disability benefits benefits; unpaid loans you made to someone else    | s, sick pay, vacation pay, workers' compens       | ation, Social Security     |
|     | ■ No            |                                                                                                                                                     |                                                   |                            |
|     | ⊔ Yes.          | Give specific information                                                                                                                           |                                                   |                            |
| 31. | Examp           | ets in insurance policies<br>oles: Health, disability, or life insurance; health savings account (HS.                                               | A); credit, homeowner's, or renter's insurance    | e                          |
|     | ■ No            | Name the insurance company of each policy and list its value.                                                                                       |                                                   |                            |
|     | <b>□</b> 163.   | Company name:                                                                                                                                       | Beneficiary:                                      | Surrender or refund value: |
| 32. | If you a        | terest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insurance has died. | rance policy, or are currently entitled to receiv | re property because        |
|     | ■ No<br>□ Yes.  | Give specific information                                                                                                                           |                                                   |                            |
| 33. |                 | against third parties, whether or not you have filed a lawsuit oples: Accidents, employment disputes, insurance claims, or rights to                |                                                   |                            |
|     | ■ No            |                                                                                                                                                     |                                                   |                            |
|     | ☐ Yes.          | Describe each claim                                                                                                                                 |                                                   |                            |
| 34. | Other o         | contingent and unliquidated claims of every nature, including c                                                                                     | ounterclaims of the debtor and rights to s        | et off claims              |
|     | ■ No            | Describe each plain                                                                                                                                 |                                                   |                            |
|     |                 | Describe each claim                                                                                                                                 |                                                   |                            |
| 35. | Any fin<br>■ No | nancial assets you did not already list                                                                                                             |                                                   |                            |
|     | _               | Give specific information                                                                                                                           |                                                   |                            |
|     |                 | Cive openia illiciliadoli                                                                                                                           | _                                                 |                            |
| 36  |                 | the dollar value of all of your entries from Part 4, including any of the delta that number here                                                    |                                                   | \$14,269.79                |
| Pa  | rt 5: De        | scribe Any Business-Related Property You Own or Have an Interest In. I                                                                              | List any real estate in Part 1.                   |                            |
|     | _ ′             | own or have any legal or equitable interest in any business-related properts of Part 6.                                                             | erty?                                             |                            |
|     |                 | So to line 38.                                                                                                                                      |                                                   |                            |
| ٠   | □ res. c        | to line 36.                                                                                                                                         |                                                   |                            |
| Pa  |                 | scribe Any Farm- and Commercial Fishing-Related Property You Own or ou own or have an interest in farmland, list it in Part 1.                      | r Have an Interest In.                            |                            |
| 16. | •               | own or have any legal or equitable interest in any farm- or con<br>Go to Part 7.                                                                    | nmercial fishing-related property?                |                            |
|     | _               | . Go to line 47.                                                                                                                                    |                                                   |                            |
|     |                 | _                                                                                                                                                   |                                                   |                            |
| Ðσ  | rt 7:           | Describe All Property You Own or Have an Interest in That You Did No                                                                                | nt List Ahove                                     |                            |

| Debtor 1        | Samantha M. Mothersell                                                                                     |                | Case number (if known)    |                         |
|-----------------|------------------------------------------------------------------------------------------------------------|----------------|---------------------------|-------------------------|
| •               | ou have other property of any kind you did not already list mples: Season tickets, country club membership | ?              |                           |                         |
| ■ No            |                                                                                                            |                |                           |                         |
| ☐ Ye            | es. Give specific information                                                                              |                |                           |                         |
| 54. <b>Ad</b>   | d the dollar value of all of your entries from Part 7. Write th                                            | at number here |                           | \$0.00                  |
| Part 8:         | List the Totals of Each Part of this Form                                                                  |                |                           |                         |
| 55. <b>Pa</b> i | rt 1: Total real estate, line 2                                                                            |                |                           | \$0.00                  |
| 56. <b>Pa</b> i | rt 2: Total vehicles, line 5                                                                               | \$7,778.00     |                           |                         |
| 57. <b>Pa</b>   | rt 3: Total personal and household items, line 15                                                          | \$1,870.00     |                           |                         |
| 58. <b>Pa</b> i | rt 4: Total financial assets, line 36                                                                      | \$14,269.79    |                           |                         |
| 59. <b>Pa</b> i | rt 5: Total business-related property, line 45                                                             | \$0.00         |                           |                         |
| 60. <b>Pa</b>   | rt 6: Total farm- and fishing-related property, line 52                                                    | \$0.00         |                           |                         |
| 61. <b>Pa</b> i | rt 7: Total other property not listed, line 54 +                                                           | \$0.00         |                           |                         |
| 62. <b>To</b>   | tal personal property. Add lines 56 through 61                                                             | \$23,917.79    | Copy personal property to | otal <b>\$23,917.79</b> |
| 63. <b>To</b>   | tal of all property on Schedule A/B. Add line 55 + line 62                                                 |                |                           | \$23,917.79             |

| <u>Item</u>                           | Age       | Garage Sale Value \$ |
|---------------------------------------|-----------|----------------------|
| Debtor's bedroom:                     |           |                      |
| 2 dressers & bed                      | 5 years   | \$ 200.00            |
| 1 TV                                  | 4 years   | \$ 150.00            |
|                                       | . ,       | 7 0.00               |
| Kid's room                            |           |                      |
| 1 small TV                            | 2 years   | \$ 50.00             |
| 1 twin bunkbed                        | 2 years   | \$ 100.00            |
|                                       | <b>3</b>  | ,                    |
| Living room                           |           |                      |
| 2 couches                             | 2 years   | \$ 200.00            |
| 1 entertainment center                | 5 years   | \$ 75.00             |
| 2 end tables/coffee table             | 5 years   | \$ 50.00             |
| Color TV                              | 2 years   | \$ 100.00            |
|                                       | <b>5</b>  |                      |
| Kitchen                               |           |                      |
| Table and four (4) chairs             | 2 years   | \$ 100.00            |
| Island                                | 3 years   | \$ 75.00             |
| Microwave                             | 4 years   | \$ 30.00             |
| Cutlery, dishes, pots & pans          | 7 years   | \$ 50.00             |
| , , , , , , , , , , , , , , , , , , , | - J       |                      |
|                                       |           |                      |
| Miscellaneous                         |           |                      |
| Washer                                | 3 years   | \$ 100.00            |
| Dryer                                 | 3 years   | \$ 50.00             |
| Family pictures                       | 9 years   | \$ 20.00             |
| Cellular telephone                    | 2 years   | \$ 100.00            |
| Cordless telephones (3)               | 6 years   | \$ 10.00             |
| 1 air conditioners                    | 15 years  | \$ 20.00             |
| Curtains, linens, towels              | 8 years   | \$ 50.00             |
| Gas grill                             | 6 years   | \$ 50.00             |
|                                       |           |                      |
| Jewelry                               |           |                      |
| 1 watch                               | 7 years   | \$ 25.00             |
| 10 pairs earrings                     | 5 years   | \$ 20.00             |
| 3 necklaces                           | 4 years   | \$ 20.00             |
| 5 rings                               | 5-7 years | \$ 10.00             |
| 1 ankle bracelet                      | 1 years   | \$ 5.00              |
| 4 bracelets                           | 6 years   | \$ 10.00             |
| Total                                 |           | <u>\$ 1,670.00</u>   |
| ····•                                 |           | <del>,</del>         |

|                                        | ll in this inform                                                                                             | nation to identify your o                                                                                                     | case:                                                                                                                                 |                                                                                               |                                                                                                                                                                                                  |                                                                                                         |
|----------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| De                                     | ebtor 1                                                                                                       | Samantha M. Motl                                                                                                              | hersell<br>Middle Name                                                                                                                |                                                                                               | ast Name                                                                                                                                                                                         |                                                                                                         |
| De                                     | ebtor 2                                                                                                       | T HOL Hame                                                                                                                    | Wildele Harrie                                                                                                                        | _                                                                                             | adi Name                                                                                                                                                                                         |                                                                                                         |
| (Sp                                    | ouse if, filing)                                                                                              | First Name                                                                                                                    | Middle Name                                                                                                                           | L                                                                                             | ast Name                                                                                                                                                                                         |                                                                                                         |
| Ur                                     | nited States Bar                                                                                              | nkruptcy Court for the:                                                                                                       | WESTERN DISTRICT                                                                                                                      | OF NEW Y                                                                                      | ORK                                                                                                                                                                                              |                                                                                                         |
|                                        | ase number                                                                                                    |                                                                                                                               |                                                                                                                                       |                                                                                               |                                                                                                                                                                                                  | ☐ Check if this is an amended filing                                                                    |
| O.                                     | fficial Fo                                                                                                    | rm 106C                                                                                                                       |                                                                                                                                       |                                                                                               |                                                                                                                                                                                                  |                                                                                                         |
| S                                      | chedule                                                                                                       | e C: The Pro                                                                                                                  | perty You (                                                                                                                           | Claim                                                                                         | as Exempt                                                                                                                                                                                        | 4/19                                                                                                    |
| the<br>nee<br>cas<br>For<br>spe<br>any | property you liseded, fill out and<br>se number (if kn<br>reach item of pecific dollar and<br>papplicable sta | sted on Schedule A/B: Pd attach to this page as rown).  property you claim as enount as exempt. Alternatutory limit. Some exe | roperty (Official Form 100<br>many copies of Part 2: Ac<br>exempt, you must speci<br>natively, you may claim<br>emptions—such as thos | 6A/B) as younged ditional Parties and the amount of the full fasse for heal                   | our source, list the property that you<br>age as necessary. On the top of any<br>ount of the exemption you claim.<br>ir market value of the property be<br>th aids, rights to receive certain be | One way of doing so is to state a eing exempted up to the amount of benefits, and tax-exempt retirement |
| exe                                    | emption to a pa                                                                                               |                                                                                                                               |                                                                                                                                       |                                                                                               | nption of 100% of fair market valu<br>letermined to exceed that amoun                                                                                                                            | ue under a law that limits the t, your exemption would be limited                                       |
| Pa                                     | rt 1: Identify                                                                                                | y the Property You Cla                                                                                                        | im as Exempt                                                                                                                          |                                                                                               |                                                                                                                                                                                                  |                                                                                                         |
| 1.                                     | Which set of                                                                                                  | exemptions are you cl                                                                                                         | aiming? Check one only                                                                                                                | , even if yo                                                                                  | our spouse is filing with you.                                                                                                                                                                   |                                                                                                         |
|                                        | ☐ You are cla                                                                                                 | aiming state and federal                                                                                                      | nonbankruptcy exemptio                                                                                                                | ns. 11 U.S                                                                                    | S.C. § 522(b)(3)                                                                                                                                                                                 |                                                                                                         |
|                                        | You are cla                                                                                                   | aiming federal exemption                                                                                                      | ns. 11 U.S.C. § 522(b)(2                                                                                                              | 2)                                                                                            |                                                                                                                                                                                                  |                                                                                                         |
| 2.                                     |                                                                                                               | ,                                                                                                                             | • ( //                                                                                                                                | •                                                                                             | fill in the information below.                                                                                                                                                                   |                                                                                                         |
|                                        | Brief description                                                                                             | on of the property and line                                                                                                   | on Current value of                                                                                                                   | Current value of the portion you own  Copy the value from Check only one box for each exempti |                                                                                                                                                                                                  | Specific laws that allow exemption                                                                      |
|                                        | Schedule A/B t                                                                                                | that lists this property                                                                                                      | •                                                                                                                                     |                                                                                               |                                                                                                                                                                                                  |                                                                                                         |
|                                        |                                                                                                               | wagen Jetta R-Line S                                                                                                          |                                                                                                                                       | .00 ■                                                                                         | \$1.00                                                                                                                                                                                           | 11 U.S.C. § 522(d)(2)                                                                                   |
|                                        | private part                                                                                                  | s<br>ition (lien). Kbb.com<br>y value as of 1/9/202<br>nedule A/B: 3.1                                                        |                                                                                                                                       |                                                                                               | 100% of fair market value, up to any applicable statutory limit                                                                                                                                  |                                                                                                         |
|                                        |                                                                                                               | goods, furniture,                                                                                                             | \$1,670                                                                                                                               | .00 ■                                                                                         | \$1,670.00                                                                                                                                                                                       | 11 U.S.C. § 522(d)(3)                                                                                   |
|                                        | other items<br>set forth an<br>Attachment                                                                     | , electronics, jewelry<br>of personal propert<br>d described on<br>: #1 - Schedule A/B<br>nedule A/B: 6.1                     |                                                                                                                                       |                                                                                               | 100% of fair market value, up to any applicable statutory limit                                                                                                                                  |                                                                                                         |
|                                        |                                                                                                               | othing and personal                                                                                                           | \$200                                                                                                                                 | .00                                                                                           | \$200.00                                                                                                                                                                                         | 11 U.S.C. § 522(d)(3)                                                                                   |
|                                        | effects Line from Schedule A/B: 11.1                                                                          |                                                                                                                               |                                                                                                                                       |                                                                                               | 100% of fair market value, up to any applicable statutory limit                                                                                                                                  |                                                                                                         |
|                                        | Cash in pos                                                                                                   | ssession of debtor                                                                                                            | \$0                                                                                                                                   | 01 ■                                                                                          | \$0.01                                                                                                                                                                                           | 11 U.S.C. § 522(d)(5)                                                                                   |

\$0.01

\$0.01

100% of fair market value, up to any applicable statutory limit

Line from Schedule A/B: 16.1

| De | otor 1 Samantha M. Mothersell                                                                                                          |                                         |         | Case number (if known)                                          |                                    |
|----|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------|-----------------------------------------------------------------|------------------------------------|
|    | Brief description of the property and line on<br>Schedule A/B that lists this property                                                 | Current value of the portion you own    |         | ount of the exemption you claim                                 | Specific laws that allow exemption |
|    |                                                                                                                                        | Copy the value from<br>Schedule A/B     | Che     | eck only one box for each exemption.                            |                                    |
|    | Checking: ESL Federal Credit Union Line from Schedule A/B: 17.1                                                                        | \$0.90                                  |         | \$0.90                                                          | 11 U.S.C. § 522(d)(5)              |
|    | Line nom Schedule AVB. 17.1                                                                                                            |                                         |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | Savings: ESL Federal Credit Line from Schedule A/B: 17.2                                                                               | \$0.01                                  |         | \$0.01                                                          | 11 U.S.C. § 522(d)(5)              |
|    |                                                                                                                                        |                                         |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | Checking: M&T Bank Line from Schedule A/B: 17.3                                                                                        | \$213.00                                |         | \$213.00                                                        | 11 U.S.C. § 522(d)(5)              |
|    |                                                                                                                                        |                                         |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | Checking: Key Bank Line from Schedule A/B: 17.4                                                                                        | \$0.01                                  |         | \$0.01                                                          | 11 U.S.C. § 522(d)(5)              |
|    |                                                                                                                                        |                                         |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | Debit Card Account: Bancorp Bank (Chime Card)                                                                                          | \$0.01                                  |         | \$0.01                                                          | 11 U.S.C. § 522(d)(5)              |
|    | Line from Schedule A/B: 17.5                                                                                                           |                                         |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | Flex spend account: Bancorp Bank (FSA Account)                                                                                         | \$19.24                                 |         | \$19.24                                                         | 11 U.S.C. § 522(d)(5)              |
|    | Line from Schedule A/B: 17.6                                                                                                           |                                         |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | 401(k): Debtor's 401(k) #1 through employer, Charter Communications                                                                    | \$4,664.22                              |         | \$4,664.22                                                      | 11 U.S.C. § 522(d)(10)(E)          |
|    | Line from Schedule A/B: 21.1                                                                                                           |                                         |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | Retirement fund exempt from taxation under Internal Revenue                                                                            | \$6,298.81                              |         | \$6,298.81                                                      | 11 U.S.C. § 522(d)(10)(E)          |
|    | Code: Retirement plan through employer - Charter Communications Line from <i>Schedule A/B</i> : 21.2                                   |                                         |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | Security deposit with landlord:<br>Security deposit with landlord                                                                      | \$750.00                                |         | \$750.00                                                        | 11 U.S.C. § 522(d)(5)              |
|    | Line from Schedule A/B: 22.1                                                                                                           |                                         |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | Debtor's anticipated interest in 2019<br>NYS Income Tax Refund plus 2020                                                               | \$2,323.58                              |         | \$2,323.58                                                      | 11 U.S.C. § 522(d)(5)              |
|    | NYS Income tax refund prorated to 1/16/2020, based upon total 2018 NNYS Tax Refund of \$2,226.00. Line from <i>Schedule A/B</i> : 28.1 |                                         |         | 100% of fair market value, up to any applicable statutory limit |                                    |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/22 and every 3 ■ No ■ Yes. Did you acquire the property covered  | 3 years after that for ca               | ises fi |                                                                 |                                    |
|    | □ No                                                                                                                                   | , , , , , , , , , , , , , , , , , , , , |         | , , , , , , , , , , , , , , , , , , , ,                         |                                    |
|    |                                                                                                                                        |                                         |         |                                                                 |                                    |

Official Form 106C

| Debtor 1 | Samantha M. Mothersell        | Case number (if known)   |
|----------|-------------------------------|--------------------------|
| DODIO! ! | Odinantila III. Motifici Scii | Case Harrison (in known) |

| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more spa is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case in unumber (if known).  1. Do any creditors have claims secured by your property?  No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  Yes. Fill in all of the information below.  Part 1: List All Secured Claims.  2. List All Secured Claims. If a creditor has more than one secured claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.  2.1 W Credit, Inc.  Describe the property that secures the claim:  2.1 VW Credit, Inc.  Describe the property that secures the claim:  2.1 VW Credit, Inc.  Describe the property that secures the claim:  2.1 VW Credit, Inc.  Describe the property that secures the claim:  2.1 VW Credit, Inc.  Describe the property that secures the claim:  2.1 VW Credit, Inc.  Describe the property that secures the claim:  2.1 Uniquidated  Disputed  As of the date you flie, the claim is: Check all that apply.    Continigent   Unliquidated     Disputed     Continigent     Continigent     Continigent     Continigent     Continigent     Continigent     Check if this claim relates to a community debt    Other (including a right to offset)     Purchase Money Security Interest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                     | y your case:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        |                          |                          |                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------|--------------------------|--------------------|
| Debtor 2   Spoose if, filling   First Name   Middle Name   Last Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Debtor 1 Samantha N                                                                                                                                                                                                                 | /I. Mothersell                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        |                          |                          |                    |
| United States Bankruptcy Court for the:  WESTERN DISTRICT OF NEW YORK  Case number (If Known)  Official Form 106D  Schedule D: Creditors Who Have Claims Secured by Property  12/15  Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more spasis needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).  1. Do any creditors have claims secured by your property?  No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  1. The secured Claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As mount of claim bounds as possible, list the claims in alphabetical order according to the creditor's name.  P.O. Box 3 Hillsborro, OR 97123  Number, Street, City, State & Zip Code  Who owes the debt? Check one.    P.O. Box 3 Hillsborro, OR 97123   Number, Street, City, State & Zip Code   Debtor 1 and Debtor 2 only   Industrial that apply.   An agreement you made (such as mortgage or secured cardism)   Judgment lien from a lawsuit   Other (including a right to offset)   Purchase Money Security Interest                                                                                                                                             | First Name                                                                                                                                                                                                                          | Middle Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Last Name                                                              |                          |                          |                    |
| United States Bankruptcy Court for the: WESTERN DISTRICT OF NEW YORK  Case number (If known)  Official Form 106D  Schedule D: Creditors Who Have Claims Secured by Property  12/15  Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more spa is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).  1. Do any creditors have claims secured by your property?  No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  **Part****  **List All Secured Claims**  2. List all secured claims. If a creditor has a practical relain, list the creditor's sparately much as possible, list the claims in alphabetical order according to the creditor's name.  2. List all secured claims.  **Part****  List All Secured Claims  2. List all secured claims in alphabetical order according to the creditor's name.  **Part***  List All Secured Claims  2. List all secured claims in alphabetical order according to the creditor's name.  **Do not deduct the value of collateral that supports this claim on private party value as of 19/2020.  **Part***  P.O. Box 3  Hillsborr, OR 97123  Number, Street. City, State & Zip Code  Who owes the debt? Check one.    Debtor 1 and Debtor 2 only   Check if this claim relates to a community debt    Other (including a right to offset)   Purchase Money Security Interest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                     | Middle Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Last Name                                                              |                          |                          |                    |
| Case number (if known)    Check if this is an armended filing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (Spouse II, IIIIIIg)                                                                                                                                                                                                                | Middle Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Last Name                                                              |                          |                          |                    |
| Official Form 106D  Schedule D: Creditors Who Have Claims Secured by Property  12/15  Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more spa is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).  1. Do any creditors have claims secured by your property?    No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.   Yes. Fill in all of the information below.    Part 1: List All Secured Claims   List All Secured Claims   La reditor has more than one secured claim, list the orderior separately for each claim. If more than one reditior has a particular claim, list the other creditor's name.   Visual Secured Claims   Value of collateral background   Value   Va                                                                                                                                             | United States Bankruptcy Court fo                                                                                                                                                                                                   | r the: WESTERN DISTRICT OF I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | NEW YORK                                                               |                          |                          |                    |
| Official Form 106D  Schedule D: Creditors Who Have Claims Secured by Property  12/15  Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more spa is needed, copy the Additional Pages, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).  1. Do any creditors have claims secured by your property?  No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  Yes. Fill in all of the information below.  Part 1: List All Secured Claims  2. List all secured claims. If a creditor has more than one secured claim, list the order or search claim. If more than one reditior has a particular claim, list the other creditor's name.  2. List all secured claims. If a creditor has more than one secured claim, list the other creditor's name.  2. List the claims in alphabetical order according to the creditor's name.  2. List the claims in alphabetical order according to the creditor's name.  2. List the claims in alphabetical order according to the creditor's name.  2. List the claims in alphabetical order according to the creditor's name.  2. List the claims in alphabetical order according to the creditor's name.  2. List the claims in alphabetical order according to the creditor's name.  Secured to a constitution of the claim is a particular claim, list the other creditor's name.  Secured to a constitution of the claim is a particular claim, list the other creditor's name.  Secured to a constitution of the claim is a particular claim, list the other creditor's name.  Secured to a creditor's name.  Secured                                                                                                                                              | Case number                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                          |                          |                    |
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| 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As mount of claim Do not deduct the value of collateral.  2.1 VW Credit, Inc.  Describe the property that secures the claim:  2019 Volkswagen Jetta R-Line Sedan 32,000 miles Good condition (lien). Kbb.com private party value as of 1/9/2020  As of the date you file, the claim is: Check all that apply.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt  Column A  Amount of claim Do not deduct the value of collateral. \$27,304.00 \$11,748.1  Value of collateral that supports this claim is \$27,304.00 \$11,748.1  Value of collateral that supports this claim is \$27,304.00 \$11,748.1  Value of collateral that supports this claim is \$27,304.00 \$11,748.1  Value of collateral that supports this claim is \$27,304.00 \$11,748.1  Value of collateral that supports this claim is \$27,304.00 \$11,748.1  Value of collateral that supports this claim is \$27,304.00 \$15,556.00 \$11,748.1  Value of collateral that supports this claim is \$27,304.00 \$15,556.00 \$11,748.1  Value of collateral that supports this claim is \$27,304.00 \$15,556.00 \$11,748.1  Value of collateral that supports this claim is \$27,304.00 \$15,556.00 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15                                     |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                          |                          |                    |
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| much as possible, list the claims in alphabetical order according to the creditor's name.  2.1 VW Credit, Inc.  Describe the property that secures the claim:  2019 Volkswagen Jetta R-Line Sedan 32,000 miles Good condition (lien). Kbb.com private party value as of 1/9/2020  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Who owes the debt? Check one. Do not deduct the value of collateral.  \$27,304.00 \$15,556.00 \$11,748.10  \$15,556.00 \$11,748.10  \$11,748.10  \$15,556.00 \$11,748.10  \$11,748.10  \$15,556.00 \$11,748.10  \$15,556.00 \$11,748.10  \$15,556.00 \$11,748.10  \$15,556.00 \$11,748.10  \$15,556.00 \$11,748.10  \$15,556.00 \$11,748.10  \$15,556.00 \$11,748.10  \$15,556.00 \$11,748.10  \$15,556.00 \$11,748.10  \$15,556.00 \$11,748.10  \$15,556.00 \$11,748.10  \$15,556.00 \$11,748.10  \$15,556.00 \$11,748.10  \$15,556.00 \$11,748.10  \$15,556.00 \$11,748.10  \$15,556.00 \$11,748.10  \$15,556.00 \$11,748.10  \$15,556.00 \$11,748.10  \$15,556.00 \$11,748.10  \$15,556.00 \$11,748.10  \$15,556.00 \$11,748.10  \$15,556.00 \$11,748.10  \$15,556.00 \$11,748.10  \$15,556.00 \$11,748.10  \$15,556.00 \$11,748.10  \$15,556.00 \$11,748.10  \$15,556.00 \$11,748.10  \$15,556.00 \$11,748.10  \$15,556.00 \$11,748.10  \$15,756.00 \$11,748.10  \$15,756.00 \$11,748.10  \$15,756.00 \$11,748.10  \$15,756.00 \$11,748.10  \$15,756.00 \$11,748.10  \$15,756.00 \$11,748.10  \$15,756.00 \$11,748.10  \$15,756.00 \$11,748.10  \$15,756.00 \$11,748.10  \$15,756.00 \$11,748.10  \$15,756.00 \$11,748.10  \$15,756.00 \$11,748.10  \$15,756.00 \$11,748.10  \$15,756.00 \$11,748.10  \$15,756.00 \$11,748.10  \$15,756.00 \$11,748.10  \$15,756.00 \$11,748.10  \$15,756.00 \$11,748.10  \$15,756.00 \$11,748.10  \$15,756.00 \$11,748.10  \$15,756.00 \$11,748.10  \$15,756.00 \$11,748.10  \$15,756.00 \$11,748.10  \$15,756.00 \$11,748.10  \$15,756.00 \$11,748.10  \$15,756.00 \$11,748.10  \$15,756.00 \$11,748.10  \$15,756.00 \$11,748.10  \$15,756.00 \$11,748.10  \$15,756.00 \$11,748.10  \$15,756.00 \$11,748.10  \$15,756.00 \$11,748.10  \$15,756.00 \$11,748.10  \$15,756.00 \$11,748.10  \$15,756.00 \$11,748.10  \$15,756.00 \$11,748.10  \$15,756 |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                          |                          | Unsecured          |
| Creditor's Name   Describe the property that secures the claim: \$27,304.00 \$15,556.00 \$11,748.40                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        | Do not deduct the        | that supports this       | portion            |
| Creditor's Name  2019 Volkswagen Jetta R-Line Sedan 32,000 miles Good condition (lien). Kbb.com private party value as of 1/9/2020  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Nature of lien. Check all that apply.  An agreement you made (such as mortgage or secured car loan)  An agreement you made (such as mortgage or secured car loan)  An agreement you made (such as mortgage or secured car loan)  Statutory lien (such as tax lien, mechanic's lien)  At least one of the debtors and another Check if this claim relates to a community debt  Check if this claim relates to a community debt  Check if this claim relates to a community debt  Check if this claim relates to a community debt  Check if this claim relates to a community debt  Check if this claim relates to a community debt  Check if this claim relates to a community debt  Check if this claim relates to a community debt  Check if this claim relates to a community debt  Check if this claim relates to a community debt  Check if this claim relates to a community debt  Check if this claim relates to a community debt  Check if this claim relates to a community debt  Check if this claim relates to a community debt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                     | Barrier de la companya de la company |                                                                        | value of collateral.     | ciaim                    | if any             |
| P.O. Box 3 Hillsboro, OR 97123  Number, Street, City, State & Zip Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  Unliquidated Disputed  Nature of lien. Check all that apply.  An agreement you made (such as mortgage or secured car loan)  At least one of the debtors and another Check if this claim relates to a community debt  Other (including a right to offset)  Purchase Money Security Interest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2.1 VW Credit. Inc.                                                                                                                                                                                                                 | Describe the property that secu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | res the claim:                                                         | \$27.304.00              | \$15.556.00              | \$11.748.00        |
| P.O. Box 3 Hillsboro, OR 97123  Number, Street, City, State & Zip Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only An agreement you made (such as mortgage or secured car loan) An agreement you made (such as tax lien, mechanic's lien) At least one of the debtors and another Check if this claim relates to a community debt  Private party value as of 1/9/2020 As of the date you file, the claim is: Check all that apply. Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit  Purchase Money Security Interest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        | \$27,304.00              | \$15,556.00              | \$11,748.00        |
| P.O. Box 3 Hillsboro, OR 97123  Number, Street, City, State & Zip Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply. Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as mortgage or secured car loan)  Statutory lien (such as tax lien, mechanic's lien) At least one of the debtors and another Check if this claim relates to a community debt  Other (including a right to offset)  Purchase Money Security Interest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                     | 2019 Volkswagen Jetta R<br>Sedan 32,000 miles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | R-Line                                                                 | \$27,304.00              | \$15,556.00              | \$11,748.00        |
| Hillsboro, OR 97123   Contingent   Unliquidated   Disputed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                     | 2019 Volkswagen Jetta R<br>Sedan 32,000 miles<br>Good condition (lien). K                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | R-Line<br>bb.com                                                       | \$27,304.00              | \$15,556.00              | \$11,748.00        |
| Number, Street, City, State & Zip Code  Unliquidated Disputed  Nature of lien. Check all that apply.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt  Other (including a right to offset)  Other (including a right to offset)  Purchase Money Security Interest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Creditor's Name                                                                                                                                                                                                                     | 2019 Volkswagen Jetta R<br>Sedan 32,000 miles<br>Good condition (lien). K<br>private party value as of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | R-Line<br>bb.com<br>1/9/2020                                           | \$27,304.00              | \$15,556.00              | <u>\$11,748.00</u> |
| Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt  Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Purchase Money Security Interest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Creditor's Name P.O. Box 3                                                                                                                                                                                                          | 2019 Volkswagen Jetta R<br>Sedan 32,000 miles<br>Good condition (lien). K<br>private party value as of<br>As of the date you file, the claim<br>apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | R-Line<br>bb.com<br>1/9/2020                                           | \$27,304.00              | \$15,556.00              | <u>\$11,748.00</u> |
| Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt  Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Purchase Money Security Interest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | P.O. Box 3 Hillsboro, OR 97123                                                                                                                                                                                                      | 2019 Volkswagen Jetta R Sedan 32,000 miles Good condition (lien). K private party value as of As of the date you file, the claim apply.  Contingent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | R-Line<br>bb.com<br>1/9/2020                                           | \$27,304.00              | \$15,556.00              | <u>\$11,748.00</u> |
| □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates to a community debt □ Other (including a right to offset) □ Check if this claim relates to a community debt □ Check if this claim relates to a community debt □ Other (including a right to offset) □ Purchase Money Security Interest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | P.O. Box 3 Hillsboro, OR 97123                                                                                                                                                                                                      | 2019 Volkswagen Jetta R Sedan 32,000 miles Good condition (lien). K private party value as of As of the date you file, the claim apply.  Contingent Unliquidated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | R-Line<br>bb.com<br>1/9/2020                                           | \$27,304.00              | \$15,556.00              | \$11,748.00        |
| □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates to a community debt □ Check if this claim relates to a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | P.O. Box 3 Hillsboro, OR 97123  Number, Street, City, State & Zip Code                                                                                                                                                              | 2019 Volkswagen Jetta R Sedan 32,000 miles Good condition (lien). K private party value as of As of the date you file, the claim apply.  Contingent Unliquidated Disputed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | R-Line bb.com 1/9/2020 n is: Check all that                            | \$27,304.00              | \$15,556.00              | <u>\$11,748.00</u> |
| □ Debtor 1 and Debtor 2 only  At least one of the debtors and another  □ Check if this claim relates to a community debt  □ Check if this claim relates to a community debt  □ Check if this claim relates to a community debt  □ Statutory lien (such as tax lien, mechanic's lien) □ Judgment lien from a lawsuit □ Other (including a right to offset) □ Purchase Money Security Interest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | P.O. Box 3 Hillsboro, OR 97123  Number, Street, City, State & Zip Code                                                                                                                                                              | 2019 Volkswagen Jetta R Sedan 32,000 miles Good condition (lien). K private party value as of As of the date you file, the claim apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | bb.com<br>1/9/2020<br>n is: Check all that                             | . ,                      | \$15,556.00              | <u>\$11,748.00</u> |
| ■ At least one of the debtors and another  □ Check if this claim relates to a community debt  □ Other (including a right to offset)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | P.O. Box 3 Hillsboro, OR 97123  Number, Street, City, State & Zip Code  Who owes the debt? Check one.                                                                                                                               | 2019 Volkswagen Jetta R Sedan 32,000 miles Good condition (lien). K private party value as of As of the date you file, the claim apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apple An agreement you made (such                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | bb.com<br>1/9/2020<br>n is: Check all that                             | . ,                      | \$15,556.00              | <u>\$11,748.00</u> |
| ☐ Check if this claim relates to a community debt  Other (including a right to offset)  Purchase Money Security Interest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | P.O. Box 3 Hillsboro, OR 97123 Number, Street, City, State & Zip Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only                                                                                                   | 2019 Volkswagen Jetta R Sedan 32,000 miles Good condition (lien). K private party value as of As of the date you file, the claim apply.  Contingent Unliquidated Disputed Nature of lien. Check all that app An agreement you made (such car loan)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | bb.com 1/9/2020 n is: Check all that                                   | . ,                      | \$15,556.00              | <u>\$11,748.00</u> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | P.O. Box 3 Hillsboro, OR 97123  Number, Street, City, State & Zip Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only                                                                       | 2019 Volkswagen Jetta R Sedan 32,000 miles Good condition (lien). K private party value as of As of the date you file, the claim apply.  Contingent Unliquidated Disputed Nature of lien. Check all that app An agreement you made (such car loan) Statutory lien (such as tax lien.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | bb.com 1/9/2020 n is: Check all that                                   | . ,                      | \$15,556.00              | <u>\$11,748.00</u> |
| Date debt was incurred 4/27/2019 Last 4 digits of account number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | P.O. Box 3 Hillsboro, OR 97123  Number, Street, City, State & Zip Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and anot Check if this claim relates to a | 2019 Volkswagen Jetta R Sedan 32,000 miles Good condition (lien). K private party value as of As of the date you file, the claim apply.  Contingent Unliquidated Disputed Nature of lien. Check all that app An agreement you made (such car loan)  Statutory lien (such as tax lien) Judgment lien from a lawsuit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | R-Line bb.com 1/9/2020 n is: Check all that  ply. n as mortgage or sec | eured                    |                          | \$11,748.00        |

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

\$27,304.00

## Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

|       |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                                     |                                          |                |                           | •                      |                    |
|-------|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------|------------------------------------------|----------------|---------------------------|------------------------|--------------------|
| Fil   | l in this inform                     | nation to identify your                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | case:                             |                                     |                                          |                |                           |                        |                    |
| De    | btor 1                               | Samantha M. Mot                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | hersell                           |                                     |                                          |                |                           |                        |                    |
|       |                                      | First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Middle I                          | Name                                | Last Nam                                 | Э              |                           |                        |                    |
| 1 -   | btor 2<br>ouse if, filing)           | First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Middle 1                          |                                     | Last Nam                                 | 2              |                           |                        |                    |
| ` .   |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                                     |                                          | ,              |                           |                        |                    |
| Un    | ited States Ban                      | kruptcy Court for the:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | WESTERN                           | DISTRICT                            | OF NEW YORK                              |                |                           |                        |                    |
| Ca    | se number                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                                     |                                          |                |                           |                        |                    |
| (if k | nown)                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   | _                                   |                                          |                |                           | ☐ Check                | if this is an      |
|       |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                                     |                                          |                |                           | ameno                  | ded filing         |
| ∩f    | ficial Form                          | 106F/F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |                                     |                                          |                |                           |                        |                    |
| _     |                                      | /F: Creditors W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ho Have                           | lineaci                             | ırad Claim                               | 2              |                           |                        | 12/15              |
|       |                                      | accurate as possible. Us                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                     |                                          |                | r creditors with NON      | IPRIORITY claims. I    |                    |
| any   | executory contr                      | acts or unexpired leases                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | that could res                    | sult in a claim.                    | . Also list executo                      | ry contract    | s on Schedule A/B: I      | Property (Official For | m 106A/B) and on   |
|       |                                      | ory Contracts and Unexp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   |                                     |                                          |                |                           |                        |                    |
|       |                                      | ors Who Have Claims Sections in<br>Section 1 in the Section of the S |                                   |                                     |                                          |                |                           |                        |                    |
| nam   | ne and case num                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | , •                               |                                     | •                                        | ,              |                           |                        |                    |
| Pa    | rt 1: List All                       | of Your PRIORITY Un                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | secured Cla                       | ims                                 |                                          |                |                           |                        |                    |
| 1.    |                                      | rs have priority unsecure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | d claims agair                    | ıst you?                            |                                          |                |                           |                        |                    |
|       | ☐ No. Go to Pa                       | art 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |                                     |                                          |                |                           |                        |                    |
|       | Yes.                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                                     |                                          |                |                           |                        |                    |
| 2.    | identify what typ possible, list the | priority unsecured claims<br>e of claim it is. If a claim ha<br>claims in alphabetical orde<br>han one creditor holds a pa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | as both priority are according to | and nonpriority<br>the creditor's n | amounts, list that on ame. If you have m | laim here ar   | nd show both priority a   | and nonpriority amoun  | its. As much as    |
|       |                                      | tion of each type of claim, s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   |                                     |                                          | booklet)       |                           |                        |                    |
|       | (i oi aii oxpiana                    | nen er eden type er eldini, e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   | 0110 101 1110 1011                  |                                          | 200111011.)    | Total claim               | Priority               | Nonpriority        |
| 2.1   | Internal                             | Revenue Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   | act 4 digits of                     | f account number                         |                | \$4,200.00                | amount \$4,200.00      | amount \$0.00      |
| 2.1   |                                      | ditor's Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   | asi 4 digits oi                     | account number                           |                | <del>\$4,200.00</del>     | φ4,200.00              | φυ.υυ              |
|       | P.O. Box                             | k 7346                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | V                                 | Vhen was the                        | debt incurred?                           | 4/15/201       | 18                        | _                      |                    |
|       |                                      | phia, PA 19101                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   | o of the date:                      | vav tila tha alaim                       | in Charles     | II that apply             |                        |                    |
|       |                                      | reet City State Zip Code the debt? Check one.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | _                                 |                                     | you file, the claim                      | is. Check a    | іі іпаі арріу             |                        |                    |
|       | _                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   | ☐ Contingent                        |                                          |                |                           |                        |                    |
|       | Debtor 1 or                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | _                                 | ☐ Unliquidated                      | d                                        |                |                           |                        |                    |
|       | Debtor 2 or                          | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   | Disputed                            |                                          |                |                           |                        |                    |
|       | Debtor 1 ar                          | nd Debtor 2 only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | _                                 |                                     | ITY unsecured cla                        | iim:           |                           |                        |                    |
|       | ☐ At least one                       | e of the debtors and anothe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <sub>er</sub> L                   | → Domestic su                       | ipport obligations                       |                |                           |                        |                    |
|       | ☐ Check if th                        | nis claim is for a commur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | •                                 |                                     | certain other debts                      |                | -                         |                        |                    |
|       |                                      | ubject to offset?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   | ☐ Claims for de                     | eath or personal in                      | ury while yo   | u were intoxicated        |                        |                    |
|       | ■ No                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   | Other. Speci                        |                                          |                |                           |                        | _                  |
|       | ☐ Yes                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                                     | 2017 Fede                                | ral Incom      | e Taxes                   |                        |                    |
|       |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                                     |                                          |                |                           |                        |                    |
| Pa    | rt 2: List All                       | of Your NONPRIORIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Y Unsecure                        | d Claims                            |                                          |                |                           |                        |                    |
| 3.    | Do any creditor                      | rs have nonpriority unsec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ured claims a                     | gainst you?                         |                                          |                |                           |                        |                    |
|       | □ No. You have                       | e nothing to report in this pa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | art. Submit this                  | form to the co                      | ourt with your other                     | schedules      |                           |                        |                    |
|       |                                      | a maning to report in tills pr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | a Cabillit tillo                  | .5111 10 1110 00                    | and man your outer                       | o. ioddioo.    |                           |                        |                    |
|       | Yes.                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                                     |                                          |                |                           |                        |                    |
| 4.    | unsecured claim                      | nonpriority unsecured cla<br>n, list the creditor separately<br>or holds a particular claim, li                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | y for each claim                  | n. For each clai                    | im listed, identify wl                   | nat type of cl | aim it is. Do not list cl | aims already included  | in Part 1. If more |

Total claim

| When was the debt incurred? 2014                                                                          | \$404.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| As of the date you file, the claim is: Check all that apply                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| ☐ Contingent                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| ☐ Unliquidated                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| ☐ Disputed                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| $\square$ Debts to pension or profit-sharing plans, and other similar debts                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| ■ Other. Specify Day Care services                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Last 4 digits of account number                                                                           | \$10,661.2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| When was the debt incurred? 3/13/2017                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| As of the date you file, the claim is: Check all that apply                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| ☐ Contingent                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| ☐ Unliquidated                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| ☐ Disputed                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| - <u> </u>                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| _ *****                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Dobligations arising out of a separation agreement or divorce that you did not report as priority claims  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Debts to pension or profit-sharing plans, and other similar debts                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| ■ Other. Specify Of 2010 Honda Civic automobile in 2016                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Last 4 digits of account number                                                                           | \$16,609.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| When was the debt incurred? 11/2008-3/2014                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| As of the date you file, the claim is: Check all that apply                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| ☐ Contingent                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| ☐ Unliquidated                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| ☐ Disputed                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Type of NONPRIORITY unsecured claim:                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Student loans                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| ☐ Other. Specify                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                           | Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Day Care services  Last 4 digits of account number When was the debt incurred? 3/13/2014  As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Deficiency balance following repossesion of 2010 Honda Civic automobile in 2016  Last 4 digits of account number When was the debt incurred? 11/2008-3/2014 As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims |

| Debtor 1 Samantha M. Mothersell |                                                                                            | Case number (if known)                                                                                    |            |  |  |  |  |
|---------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------|--|--|--|--|
| 4.4                             | Empower Federal Credit Union                                                               | Last 4 digits of account number                                                                           | \$1,603.90 |  |  |  |  |
|                                 | Nonpriority Creditor's Name  1 Member Way Syracuse, NY 13212                               | When was the debt incurred? 9/2014                                                                        |            |  |  |  |  |
|                                 | Number Street City State Zip Code  Who incurred the debt? Check one.                       | As of the date you file, the claim is: Check all that apply                                               |            |  |  |  |  |
|                                 | Debtor 1 only                                                                              | ☐ Contingent                                                                                              |            |  |  |  |  |
|                                 | Debtor 2 only                                                                              | ☐ Unliquidated                                                                                            |            |  |  |  |  |
|                                 | ☐ Debtor 1 and Debtor 2 only                                                               | ☐ Disputed                                                                                                |            |  |  |  |  |
|                                 | ☐ At least one of the debtors and another                                                  | Type of NONPRIORITY unsecured claim:                                                                      |            |  |  |  |  |
|                                 | ☐ Check if this claim is for a community                                                   | ☐ Student loans                                                                                           |            |  |  |  |  |
|                                 | debt                                                                                       | Obligations arising out of a separation agreement or divorce that you did not                             |            |  |  |  |  |
|                                 | Is the claim subject to offset?  ■ No                                                      | report as priority claims  ☐ Debts to pension or profit-sharing plans, and other similar debts            |            |  |  |  |  |
|                                 | ■ No □ Yes                                                                                 |                                                                                                           |            |  |  |  |  |
|                                 | Yes                                                                                        | Other. Specify Personal loan                                                                              |            |  |  |  |  |
| 4.5                             | ESL Federal Credit Union                                                                   | Last 4 digits of account number                                                                           | \$437.00   |  |  |  |  |
|                                 | Nonpriority Creditor's Name 225 Chestnut Street Rochester, NY 14604                        | When was the debt incurred? 8/2019                                                                        |            |  |  |  |  |
|                                 | Number Street City State Zip Code                                                          | As of the date you file, the claim is: Check all that apply                                               |            |  |  |  |  |
|                                 | Who incurred the debt? Check one.                                                          |                                                                                                           |            |  |  |  |  |
|                                 | ■ Debtor 1 only                                                                            | ☐ Contingent                                                                                              |            |  |  |  |  |
|                                 | Debtor 2 only                                                                              | ☐ Unliquidated                                                                                            |            |  |  |  |  |
|                                 | ☐ Debtor 1 and Debtor 2 only                                                               | ☐ Disputed                                                                                                |            |  |  |  |  |
|                                 | ☐ At least one of the debtors and another                                                  | Type of NONPRIORITY unsecured claim:                                                                      |            |  |  |  |  |
|                                 | ☐ Check if this claim is for a community                                                   | ☐ Student loans                                                                                           |            |  |  |  |  |
|                                 | debt Is the claim subject to offset?                                                       | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |  |  |  |  |
|                                 | ■ No                                                                                       | lacktriangle Debts to pension or profit-sharing plans, and other similar debts                            |            |  |  |  |  |
|                                 | □Yes                                                                                       | Other. Specify Personal loan                                                                              |            |  |  |  |  |
| 4.6                             | Fidelity Brokerage Services, LLC                                                           | Last 4 digits of account number                                                                           | \$791.93   |  |  |  |  |
|                                 | Nonpriority Creditor's Name 900 Salem Street                                               | When was the debt incurred? 5/2/2018                                                                      |            |  |  |  |  |
|                                 | Smithfield, RI 02917  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply                                               |            |  |  |  |  |
|                                 | ■ Debtor 1 only                                                                            | ☐ Contingent                                                                                              |            |  |  |  |  |
|                                 | Debtor 2 only                                                                              | ☐ Unliquidated                                                                                            |            |  |  |  |  |
|                                 | ☐ Debtor 1 and Debtor 2 only                                                               | ☐ Disputed                                                                                                |            |  |  |  |  |
|                                 | ☐ At least one of the debtors and another                                                  | Type of NONPRIORITY unsecured claim:                                                                      |            |  |  |  |  |
|                                 | ☐ Check if this claim is for a community                                                   | ☐ Student loans                                                                                           |            |  |  |  |  |
|                                 | debt                                                                                       | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |            |  |  |  |  |
|                                 | Is the claim subject to offset?                                                            | Debts to pension or profit-sharing plans, and other similar debts                                         |            |  |  |  |  |
|                                 | ■ No                                                                                       |                                                                                                           |            |  |  |  |  |
|                                 | Yes                                                                                        | Other. Specify                                                                                            |            |  |  |  |  |
|                                 |                                                                                            | 401(k) Loan - not dischargeable                                                                           |            |  |  |  |  |

| Debtor | 1 Samantha M. Mothersell                                                   | Case number (if known)                                                                                            |            |
|--------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|------------|
| 4.7    | First Premier Bank                                                         | Last 4 digits of account number                                                                                   | \$499.00   |
|        | Nonpriority Creditor's Name 3820 North Louise Avenue Sioux Falls, SD 57101 | When was the debt incurred? 2012                                                                                  |            |
|        | Number Street City State Zip Code  Who incurred the debt? Check one.       | As of the date you file, the claim is: Check all that apply                                                       |            |
|        | Debtor 1 only                                                              | ☐ Contingent                                                                                                      |            |
|        | Debtor 2 only                                                              | ☐ Unliquidated                                                                                                    |            |
|        | ☐ Debtor 1 and Debtor 2 only                                               | □ Disputed                                                                                                        |            |
|        | ☐ At least one of the debtors and another                                  | Type of NONPRIORITY unsecured claim:                                                                              |            |
|        | ☐ Check if this claim is for a community                                   | ☐ Student loans                                                                                                   |            |
|        | debt Is the claim subject to offset?                                       | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims         |            |
|        | ■ No                                                                       | Debts to pension or profit-sharing plans, and other similar debts                                                 |            |
|        | Yes                                                                        | ■ Other. Specify Miscellaneous credit card purchases                                                              |            |
| 4.8    | Laboratory Alliance of CNY Nonpriority Creditor's Name                     | Last 4 digits of account number                                                                                   | \$44.93    |
|        | 104 Union Avenue<br>Syracuse, NY 13203                                     | When was the debt incurred? 11/2013                                                                               |            |
|        | Number Street City State Zip Code Who incurred the debt? Check one.        | As of the date you file, the claim is: Check all that apply                                                       |            |
|        | ■ Debtor 1 only                                                            | ☐ Contingent                                                                                                      |            |
|        | ☐ Debtor 2 only                                                            | ☐ Unliquidated                                                                                                    |            |
|        | ☐ Debtor 1 and Debtor 2 only                                               | ☐ Disputed                                                                                                        |            |
|        | ☐ At least one of the debtors and another                                  | Type of NONPRIORITY unsecured claim:                                                                              |            |
|        | ☐ Check if this claim is for a community                                   | ☐ Student loans                                                                                                   |            |
|        | debt Is the claim subject to offset?                                       | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|        | ■ No                                                                       | Debts to pension or profit-sharing plans, and other similar debts                                                 |            |
|        | Yes                                                                        | ■ Other. Specify Medical services                                                                                 |            |
| 4.9    | Liberty Mutual Insurance Company                                           | Last 4 digits of account number                                                                                   | \$1,200.00 |
|        | Nonpriority Creditor's Name<br>175 Berkeley Street<br>Boston, MA 02116     | When was the debt incurred? 2019                                                                                  |            |
|        | Number Street City State Zip Code  Who incurred the debt? Check one.       | As of the date you file, the claim is: Check all that apply                                                       |            |
|        | ■ Debtor 1 only                                                            | ☐ Contingent                                                                                                      |            |
|        | Debtor 2 only                                                              | ☐ Unliquidated                                                                                                    |            |
|        | ☐ Debtor 1 and Debtor 2 only                                               | Disputed                                                                                                          |            |
|        | ☐ At least one of the debtors and another                                  | Type of NONPRIORITY unsecured claim:                                                                              |            |
|        | ☐ Check if this claim is for a community                                   | ☐ Student loans                                                                                                   |            |
|        | debt                                                                       | ☐ Obligations arising out of a separation agreement or divorce that you did not                                   |            |
|        | Is the claim subject to offset?                                            | report as priority claims                                                                                         |            |
|        | No                                                                         | ☐ Debts to pension or profit-sharing plans, and other similar debts                                               |            |
|        | Yes                                                                        | ■ Other. Specify Automobile insurance                                                                             |            |

| Samantha M. Mothersell                                                       | Case number (if known)                                                                                    |           |  |  |  |  |  |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------|--|--|--|--|--|
| National Grid                                                                | Last 4 digits of account number                                                                           | \$1,500.0 |  |  |  |  |  |
| Nonpriority Creditor's Name<br>300 Erie Boulevard West<br>Syracuse, NY 13202 | When was the debt incurred? 2016                                                                          |           |  |  |  |  |  |
| Number Street City State Zip Code                                            | As of the date you file, the claim is: Check all that apply                                               |           |  |  |  |  |  |
| Who incurred the debt? Check one.                                            |                                                                                                           |           |  |  |  |  |  |
| Debtor 1 only                                                                | ☐ Contingent                                                                                              |           |  |  |  |  |  |
| Debtor 2 only                                                                | ☐ Unliquidated                                                                                            |           |  |  |  |  |  |
| Debtor 1 and Debtor 2 only                                                   | ☐ Disputed                                                                                                |           |  |  |  |  |  |
| $\square$ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:                                                                      |           |  |  |  |  |  |
| $\square$ Check if this claim is for a community debt                        | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not           |           |  |  |  |  |  |
| s the claim subject to offset?                                               | report as priority claims                                                                                 |           |  |  |  |  |  |
| No                                                                           | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |           |  |  |  |  |  |
| Yes                                                                          | Other. Specify Gas & electric services                                                                    |           |  |  |  |  |  |
| Newark Wayne Community Hospital                                              | Last 4 digits of account number                                                                           | \$76.00   |  |  |  |  |  |
| Nonpriority Creditor's Name                                                  |                                                                                                           |           |  |  |  |  |  |
| P.O. Box 111<br>Newark. NY 14513                                             | When was the debt incurred? 2/2019                                                                        |           |  |  |  |  |  |
| Number Street City State Zip Code                                            | As of the date you file, the claim is: Check all that apply                                               |           |  |  |  |  |  |
| Who incurred the debt? Check one.                                            |                                                                                                           |           |  |  |  |  |  |
| Debtor 1 only                                                                | ☐ Contingent                                                                                              |           |  |  |  |  |  |
| Debtor 2 only                                                                | ☐ Unliquidated                                                                                            |           |  |  |  |  |  |
| Debtor 1 and Debtor 2 only                                                   | ☐ Disputed                                                                                                |           |  |  |  |  |  |
| $\square$ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:                                                                      |           |  |  |  |  |  |
| ☐ Check if this claim is for a community                                     | ☐ Student loans                                                                                           |           |  |  |  |  |  |
| debt<br>s the claim subject to offset?                                       | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |           |  |  |  |  |  |
| No                                                                           | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |           |  |  |  |  |  |
| ■ No<br>□ Yes                                                                | Other. Specify Medical services                                                                           |           |  |  |  |  |  |
|                                                                              |                                                                                                           |           |  |  |  |  |  |
| Nextel/Sprint Nonpriority Creditor's Name                                    | Last 4 digits of account number                                                                           | \$760.00  |  |  |  |  |  |
| 6391 Sprint Parkway<br>Overland Park, KS 66251                               | When was the debt incurred? 2018                                                                          |           |  |  |  |  |  |
| Number Street City State Zip Code  Who incurred the debt? Check one.         | As of the date you file, the claim is: Check all that apply                                               |           |  |  |  |  |  |
| Debtor 1 only                                                                | ☐ Contingent                                                                                              |           |  |  |  |  |  |
| Debtor 2 only                                                                | ☐ Unliquidated                                                                                            |           |  |  |  |  |  |
| Debtor 1 and Debtor 2 only                                                   | Disputed                                                                                                  |           |  |  |  |  |  |
| $\square$ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:                                                                      |           |  |  |  |  |  |
| ☐ Check if this claim is for a community                                     | ☐ Student loans                                                                                           |           |  |  |  |  |  |
| debt<br>is the claim subject to offset?                                      | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |           |  |  |  |  |  |
| No                                                                           | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |           |  |  |  |  |  |
| □ Yes                                                                        | ■ Other. Specify Cellular telephone service                                                               |           |  |  |  |  |  |

| Samantha M. Mothersell                                                                 | Case number (if known)                                                                                     | Case number (if known) |  |  |  |  |  |  |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------|--|--|--|--|--|--|
| NPRTO New York, LLC                                                                    | Last 4 digits of account number                                                                            | \$1,469.83             |  |  |  |  |  |  |
| Nonpriority Creditor's Name 256 West Data Drive Draper, UT 84020                       | When was the debt incurred? 12/3/2019                                                                      | ψ1,+03.00              |  |  |  |  |  |  |
| Number Street City State Zip Code  Who incurred the debt? Check one.                   | As of the date you file, the claim is: Check all that apply                                                |                        |  |  |  |  |  |  |
| ■ Debtor 1 only                                                                        | ☐ Contingent                                                                                               |                        |  |  |  |  |  |  |
| Debtor 2 only                                                                          | ■ Unliquidated                                                                                             |                        |  |  |  |  |  |  |
| Debtor 1 and Debtor 2 only                                                             | ☐ Disputed                                                                                                 |                        |  |  |  |  |  |  |
| ☐ At least one of the debtors and another                                              | Type of NONPRIORITY unsecured claim:                                                                       |                        |  |  |  |  |  |  |
| ☐ Check if this claim is for a community                                               | ☐ Student loans                                                                                            |                        |  |  |  |  |  |  |
| debt Is the claim subject to offset?                                                   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |                        |  |  |  |  |  |  |
| No                                                                                     | $\square$ Debts to pension or profit-sharing plans, and other similar debts                                |                        |  |  |  |  |  |  |
| Yes                                                                                    | Lease to own certain "Piercing Pagoda" jewelry for debtor's daughter.                                      |                        |  |  |  |  |  |  |
| NY Heart Center                                                                        | Last 4 digits of account number                                                                            | \$90.00                |  |  |  |  |  |  |
| Nonpriority Creditor's Name<br>1000 E Genesee St Ste 300<br>Syracuse, NY 13210         | When was the debt incurred? 10/13/2009                                                                     |                        |  |  |  |  |  |  |
| Number Street City State Zip Code  Who incurred the debt? Check one.                   | As of the date you file, the claim is: Check all that apply                                                |                        |  |  |  |  |  |  |
| ■ Debtor 1 only                                                                        | ☐ Contingent                                                                                               |                        |  |  |  |  |  |  |
| ☐ Debtor 2 only                                                                        | ☐ Unliquidated                                                                                             |                        |  |  |  |  |  |  |
| ☐ Debtor 1 and Debtor 2 only                                                           | ☐ Disputed                                                                                                 |                        |  |  |  |  |  |  |
| lacksquare At least one of the debtors and another                                     | Type of NONPRIORITY unsecured claim:                                                                       |                        |  |  |  |  |  |  |
| Check if this claim is for a community                                                 | ☐ Student loans                                                                                            |                        |  |  |  |  |  |  |
| debt Is the claim subject to offset?                                                   | Obligations arising out of a separation agreement or divorce that you did not<br>report as priority claims |                        |  |  |  |  |  |  |
| ■ No                                                                                   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                                |                        |  |  |  |  |  |  |
| Yes                                                                                    | ■ Other. Specify Medical services                                                                          |                        |  |  |  |  |  |  |
| Onondaga County DSS                                                                    | Last 4 digits of account number                                                                            | \$2,233.00             |  |  |  |  |  |  |
| Nonpriority Creditor's Name 421 Montgomery Street                                      | When was the debt incurred? 2014                                                                           |                        |  |  |  |  |  |  |
| Syracuse, NY 13202 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply                                                |                        |  |  |  |  |  |  |
| ■ Debtor 1 only                                                                        | ☐ Contingent                                                                                               |                        |  |  |  |  |  |  |
| Debtor 2 only                                                                          | ☐ Unliquidated                                                                                             |                        |  |  |  |  |  |  |
| ☐ Debtor 1 and Debtor 2 only                                                           | ☐ Disputed                                                                                                 |                        |  |  |  |  |  |  |
| ☐ At least one of the debtors and another                                              | Type of NONPRIORITY unsecured claim:                                                                       |                        |  |  |  |  |  |  |
| ☐ Check if this claim is for a community                                               | ☐ Student loans                                                                                            |                        |  |  |  |  |  |  |
| debt<br>Is the claim subject to offset?                                                | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |                        |  |  |  |  |  |  |
| ■ No                                                                                   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                        |                        |  |  |  |  |  |  |
| ☐ Yes                                                                                  | ■ Other. Specify DSS overpayment                                                                           |                        |  |  |  |  |  |  |

| 1 Samantha M. Mothersell                                                                    | Case number (if known)                                                                                            |            |
|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|------------|
| Pediatric Services Group                                                                    | Last 4 digits of account number                                                                                   | \$306.54   |
| Nonpriority Creditor's Name 750 East Adams Street 3rd Floor                                 | When was the debt incurred? 9/2015                                                                                |            |
| Syracuse, NY 13210 Number Street City State Zip Code Who incurred the debt? Check one.      | As of the date you file, the claim is: Check all that apply                                                       |            |
| ■ Debtor 1 only                                                                             | ☐ Contingent                                                                                                      |            |
| ☐ Debtor 2 only                                                                             | ☐ Unliquidated                                                                                                    |            |
| ☐ Debtor 1 and Debtor 2 only                                                                | ☐ Disputed                                                                                                        |            |
| ☐ At least one of the debtors and another                                                   | Type of NONPRIORITY unsecured claim:                                                                              |            |
| ☐ Check if this claim is for a community                                                    | ☐ Student loans                                                                                                   |            |
| debt Is the claim subject to offset?                                                        | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
| No                                                                                          | Debts to pension or profit-sharing plans, and other similar debts                                                 |            |
| Yes                                                                                         | ■ Other. Specify Medical services                                                                                 |            |
| Purchasing Power                                                                            | Last 4 digits of account number                                                                                   | \$4,500.00 |
| Nonpriority Creditor's Name 1349 West Peachtree Street, N.W. Suite #1100                    | When was the debt incurred? 2017-2019                                                                             |            |
| Atlanta, GA 30309  Number Street City State Zip Code                                        | As of the date you file, the claim is: Check all that apply                                                       |            |
| Who incurred the debt? Check one.                                                           | , and the same year may and statum to consider an man appropriate                                                 |            |
| ■ Debtor 1 only                                                                             | ☐ Contingent                                                                                                      |            |
| Debtor 2 only                                                                               | □ Unliquidated                                                                                                    |            |
| Debtor 1 and Debtor 2 only                                                                  | □ Disputed                                                                                                        |            |
| ☐ At least one of the debtors and another                                                   | Type of NONPRIORITY unsecured claim:                                                                              |            |
| ☐ Check if this claim is for a community                                                    | ☐ Student loans                                                                                                   |            |
| debt<br>Is the claim subject to offset?                                                     | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims         |            |
| ■ No                                                                                        | Debts to pension or profit-sharing plans, and other similar debts                                                 |            |
| ☐ Yes                                                                                       | ■ Other. Specify Line of credit for personal purchases and household items                                        |            |
| Sunrise Bank                                                                                | Last 4 digits of account number                                                                                   | \$502.0    |
| Nonpriority Creditor's Name 5105 South Crossing Place, Suite #1                             | When was the debt incurred? 10/2019                                                                               |            |
| Sioux Falls, SD 57108  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply                                                       |            |
| ■ Debtor 1 only                                                                             | ☐ Contingent                                                                                                      |            |
| ☐ Debtor 2 only                                                                             | ☐ Unliquidated                                                                                                    |            |
| Debtor 1 and Debtor 2 only                                                                  | □ Disputed                                                                                                        |            |
| ☐ At least one of the debtors and another                                                   | Type of NONPRIORITY unsecured claim:                                                                              |            |
| ☐ Check if this claim is for a community                                                    | ☐ Student loans                                                                                                   |            |
| debt                                                                                        | ☐ Obligations arising out of a separation agreement or divorce that you did not                                   |            |
| Is the claim subject to offset?                                                             | report as priority claims                                                                                         |            |
| ■ No                                                                                        | ☐ Debts to pension or profit-sharing plans, and other similar debts                                               |            |
| □Yes                                                                                        | ■ Other. Specify Personal loan                                                                                    |            |

| Samantha M. Mothersell                                                                                                  | Case number (if known)                                                                                                                                          |            |
|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| TBOM/Fortiva                                                                                                            | Local Adigita of account number                                                                                                                                 | \$349.00   |
| Nonpriority Creditor's Name P.O. Box 105555                                                                             | Last 4 digits of account number  When was the debt incurred?  10/2019                                                                                           | ψ0+3.00    |
| Atlanta, GA 30348  Number Street City State Zip Code  Who incurred the debt? Check one.                                 | As of the date you file, the claim is: Check all that apply                                                                                                     |            |
| Debtor 1 only                                                                                                           | ☐ Contingent                                                                                                                                                    |            |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only                                                                            | ☐ Unliquidated ☐ Disputed                                                                                                                                       |            |
| ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? | Type of NONPRIORITY unsecured claim:  ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
| ■ No                                                                                                                    | ☐ Debts to pension or profit-sharing plans, and other similar debts                                                                                             |            |
| Yes                                                                                                                     | ■ Other. Specify Miscellaneous credit card purchases                                                                                                            |            |
| University OB-GYN                                                                                                       | Last 4 digits of account number                                                                                                                                 | \$1,018.43 |
| Nonpriority Creditor's Name<br>725 Irving Ave #600<br>Syracuse, NY 13210                                                | When was the debt incurred? 6/2014-2017                                                                                                                         |            |
| Number Street City State Zip Code Who incurred the debt? Check one.                                                     | As of the date you file, the claim is: Check all that apply                                                                                                     |            |
| Debtor 1 only                                                                                                           | ☐ Contingent                                                                                                                                                    |            |
| Debtor 2 only                                                                                                           | ☐ Unliquidated                                                                                                                                                  |            |
| ☐ Debtor 1 and Debtor 2 only                                                                                            | ☐ Disputed                                                                                                                                                      |            |
| $\square$ At least one of the debtors and another                                                                       | Type of NONPRIORITY unsecured claim:                                                                                                                            |            |
| ☐ Check if this claim is for a community debt                                                                           | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not                                                                 |            |
| Is the claim subject to offset?                                                                                         | report as priority claims                                                                                                                                       |            |
| ■ No □ Yes                                                                                                              | ☐ Debts to pension or profit-sharing plans, and other similar debts  ☐ Other. Specify    Medical services                                                       |            |
|                                                                                                                         | — Other. Specify                                                                                                                                                |            |
| Upstate Medical Center  Nonpriority Creditor's Name                                                                     | Last 4 digits of account number                                                                                                                                 | \$457.00   |
| 750 E Adams Street<br>Syracuse, NY 13210                                                                                | When was the debt incurred? 12/1/2008, 7/17/2009                                                                                                                |            |
| Number Street City State Zip Code Who incurred the debt? Check one.                                                     | As of the date you file, the claim is: Check all that apply                                                                                                     |            |
| ■ Debtor 1 only                                                                                                         | ☐ Contingent                                                                                                                                                    |            |
| ☐ Debtor 2 only                                                                                                         | ☐ Unliquidated                                                                                                                                                  |            |
| ☐ Debtor 1 and Debtor 2 only                                                                                            | ☐ Disputed                                                                                                                                                      |            |
| ☐ At least one of the debtors and another                                                                               | Type of NONPRIORITY unsecured claim:                                                                                                                            |            |
| ☐ Check if this claim is for a community                                                                                | ☐ Student loans                                                                                                                                                 |            |
| debt Is the claim subject to offset?                                                                                    | Obligations arising out of a separation agreement or divorce that you did not report as priority claims                                                         |            |
| ■ No                                                                                                                    | ☐ Debts to pension or profit-sharing plans, and other similar debts                                                                                             |            |
| ☐ Yes                                                                                                                   | ■ Other. Specify Medical services                                                                                                                               |            |

| Deb      | or 1 Samantha M. Mothersell                           | Case number (if known)                                                                                    |            |  |  |  |  |  |  |
|----------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------|--|--|--|--|--|--|
| 4.2      | Unctate Uralegy                                       |                                                                                                           | ¢1 250 25  |  |  |  |  |  |  |
| 2        | Upstate Urology Nonpriority Creditor's Name           | Last 4 digits of account number                                                                           | \$1,250.25 |  |  |  |  |  |  |
|          | 750 East Adams Street, Suite #2<br>Syracuse, NY 13210 | When was the debt incurred? 5/2015-9/2015                                                                 |            |  |  |  |  |  |  |
|          | Number Street City State Zip Code                     | As of the date you file, the claim is: Check all that apply                                               |            |  |  |  |  |  |  |
|          | Who incurred the debt? Check one.                     |                                                                                                           |            |  |  |  |  |  |  |
|          | ■ Debtor 1 only                                       | ☐ Contingent                                                                                              |            |  |  |  |  |  |  |
|          | ☐ Debtor 2 only                                       | ☐ Unliquidated                                                                                            |            |  |  |  |  |  |  |
|          | ☐ Debtor 1 and Debtor 2 only                          | Disputed                                                                                                  |            |  |  |  |  |  |  |
|          | ☐ At least one of the debtors and another             | Type of NONPRIORITY unsecured claim:                                                                      |            |  |  |  |  |  |  |
|          | ☐ Check if this claim is for a community              | ☐ Student loans                                                                                           |            |  |  |  |  |  |  |
|          | debt Is the claim subject to offset?                  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |  |  |  |  |  |  |
|          | ■ No                                                  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |  |  |  |  |  |  |
|          | □ Yes                                                 | ■ Other Specify Medical services                                                                          |            |  |  |  |  |  |  |
|          | Li Tes                                                | Other. Specify Medical Services                                                                           |            |  |  |  |  |  |  |
| 4.2      |                                                       |                                                                                                           |            |  |  |  |  |  |  |
| 3        | Verizon Wireless                                      | Last 4 digits of account number                                                                           | \$1,531.00 |  |  |  |  |  |  |
|          | Nonpriority Creditor's Name  1 Verizon Way            | When was the debt incurred? 2015-2016                                                                     |            |  |  |  |  |  |  |
|          | Mail Code: 180WVB                                     | 2010 2010                                                                                                 |            |  |  |  |  |  |  |
|          | Basking Ridge, NJ 07920                               | _                                                                                                         |            |  |  |  |  |  |  |
|          | Number Street City State Zip Code                     | As of the date you file, the claim is: Check all that apply                                               |            |  |  |  |  |  |  |
|          | Who incurred the debt? Check one.                     |                                                                                                           |            |  |  |  |  |  |  |
|          | Debtor 1 only                                         | ☐ Contingent                                                                                              |            |  |  |  |  |  |  |
|          | ☐ Debtor 2 only                                       | ☐ Unliquidated                                                                                            |            |  |  |  |  |  |  |
|          | ☐ Debtor 1 and Debtor 2 only                          | ☐ Disputed                                                                                                |            |  |  |  |  |  |  |
|          | $\square$ At least one of the debtors and another     | Type of NONPRIORITY unsecured claim:                                                                      |            |  |  |  |  |  |  |
|          | ☐ Check if this claim is for a community              | ☐ Student loans                                                                                           |            |  |  |  |  |  |  |
|          | debt Is the claim subject to offset?                  | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims  |            |  |  |  |  |  |  |
|          | ■ No                                                  | $\square$ Debts to pension or profit-sharing plans, and other similar debts                               |            |  |  |  |  |  |  |
|          | Yes                                                   | ■ Other. Specify Cellular telephone service                                                               |            |  |  |  |  |  |  |
|          |                                                       |                                                                                                           |            |  |  |  |  |  |  |
| 4.2<br>4 | Victor Family Medicine                                | Last 4 digits of account number                                                                           | \$430.00   |  |  |  |  |  |  |
|          | Nonpriority Creditor's Name                           |                                                                                                           |            |  |  |  |  |  |  |
|          | 277 West Main Street                                  | When was the debt incurred? 2018                                                                          |            |  |  |  |  |  |  |
|          | Victor, NY 14564  Number Street City State Zip Code   | As of the date you file, the claim is: Check all that apply                                               |            |  |  |  |  |  |  |
|          | Who incurred the debt? Check one.                     |                                                                                                           |            |  |  |  |  |  |  |
|          | Debtor 1 only                                         | ☐ Contingent                                                                                              |            |  |  |  |  |  |  |
|          | Debtor 2 only                                         | ☐ Unliquidated                                                                                            |            |  |  |  |  |  |  |
|          | Debtor 1 and Debtor 2 only                            | □ Disputed                                                                                                |            |  |  |  |  |  |  |
|          | ☐ At least one of the debtors and another             | Type of NONPRIORITY unsecured claim:                                                                      |            |  |  |  |  |  |  |
|          | ☐ Check if this claim is for a community              | ☐ Student loans                                                                                           |            |  |  |  |  |  |  |
|          | debt                                                  | ☐ Obligations arising out of a separation agreement or divorce that you did not                           |            |  |  |  |  |  |  |
|          | Is the claim subject to offset?                       | report as priority claims                                                                                 |            |  |  |  |  |  |  |
|          | ■ No                                                  | $\square$ Debts to pension or profit-sharing plans, and other similar debts                               |            |  |  |  |  |  |  |
|          | Yes                                                   | ■ Other. Specify Dental services                                                                          |            |  |  |  |  |  |  |
|          |                                                       |                                                                                                           |            |  |  |  |  |  |  |

Part 3: List Others to Be Notified About a Debt That You Already Listed

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

| Debtor 1 Samantha M. Mothersell                                                                     | Case number (if known)                                                                                                                                                                                                                    |
|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name and Address Enhanced Recovery Company, LLC P.O. Box 57547 Jacksonville, FL 32241               | On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.12 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number |
| Name and Address<br>EOS CCA<br>P.O. Box 981008<br>Boston, MA 02298                                  | On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.23 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number |
| Name and Address Mercantile Adjustment Bureau 165 Lawrence Bell Drive, Suite #100 Buffalo, NY 14221 | On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.11 of (Check one):                                                                                                                                         |
| Name and Address Newman and Lickstein 109 South Warren Street, Suite #404 Syracuse, NY 13202        | On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.15 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number |
| Name and Address Office of the U.S. Attorney 100 State Street, Suite #500 Rochester, NY 14614       | On which entry in Part 1 or Part 2 did you list the original creditor?  Line 2.1 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number  |
| Name and Address Simons Agency 4963 Wintersweet Drive Liverpool, NY 13088                           | On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.21 of (Check one):                                                                                                                                         |
| Name and Address Simons Agency 4963 Wintersweet Drive Liverpool, NY 13088                           | On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.14 of (Check one): Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number  |
| Name and Address Simons Agency 4963 Wintersweet Drive Liverpool, NY 13088                           | On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.20 of (Check one): Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number  |
| Name and Address Simons Agency 4963 Wintersweet Drive Liverpool, NY 13088                           | On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.22 of (Check one): Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number  |
| Name and Address Simons Agency 4963 Wintersweet Drive Liverpool, NY 13088                           | On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number   |
| Name and Address Stephen Einstein & Associates, P.C. 39 Broadway, Suite #1250 New York, NY 10006    | On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.2 of (Check one):                                                                                                                                          |

## Part 4: Add the Amounts for Each Type of Unsecured Claim

<sup>6.</sup> Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

## Debtor 1 Samantha M. Mothersell

## Case number (if known)

|                       |     |                                                                                   |     | •  | Total Claim |
|-----------------------|-----|-----------------------------------------------------------------------------------|-----|----|-------------|
|                       | 6a. | Domestic support obligations                                                      | 6a. | \$ | 0.00        |
| Total claims          |     |                                                                                   |     |    |             |
| from Part 1           | 6b. | Taxes and certain other debts you owe the government                              | 6b. | \$ | 4,200.00    |
|                       | 6c. | Claims for death or personal injury while you were intoxicated                    | 6c. | \$ | 0.00        |
|                       | 6d. | Other. Add all other priority unsecured claims. Write that amount here.           | 6d. | \$ | 0.00        |
|                       | 6e. | Total Priority. Add lines 6a through 6d.                                          | 6e. | \$ | 4,200.00    |
|                       |     |                                                                                   |     | -  | Total Claim |
| Total                 | 6f. | Student loans                                                                     | 6f. | \$ | 16,609.00   |
| claims<br>from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that                 |     |    |             |
|                       | - 3 | you did not report as priority claims                                             | 6g. | \$ | 0.00        |
|                       | 6h. | Debts to pension or profit-sharing plans, and other similar debts                 | 6h. | \$ | 791.93      |
|                       | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 31,323.13   |
|                       | 6j. | Total Nonpriority. Add lines 6f through 6i.                                       | 6j. | \$ | 48,724.06   |

| 1.4                                                  |  |  |  |  |  |  |
|------------------------------------------------------|--|--|--|--|--|--|
| Debtor 1 Samantha M. Mothersell                      |  |  |  |  |  |  |
|                                                      |  |  |  |  |  |  |
| ebtor 2                                              |  |  |  |  |  |  |
| ouse if, filing)                                     |  |  |  |  |  |  |
| nited States Bank                                    |  |  |  |  |  |  |
| ase number                                           |  |  |  |  |  |  |
| oouse if, filing)<br>nited States Bank<br>ase number |  |  |  |  |  |  |

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 NPRTO New York, LLC
256 West Data Drive
Draper, UT 84020

State what the contract or lease is for

Lease to own certain "Piercing Pagoda" jewelery for debtor's daughter.

| Fill in this in                 | formation to identify your                                      | case:                         |                             |                                                     |                                                                                                                   |
|---------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Debtor 1                        | Samantha M. Mot                                                 |                               |                             |                                                     |                                                                                                                   |
|                                 | First Name                                                      | Middle Name                   | Last Name                   |                                                     |                                                                                                                   |
| Debtor 2<br>(Spouse if, filing) | First Name                                                      | Middle Name                   | Last Name                   |                                                     |                                                                                                                   |
| United States                   | Bankruptcy Court for the:                                       | WESTERN DISTRICT C            | OF NEW YORK                 |                                                     |                                                                                                                   |
| Case number                     | r                                                               |                               |                             |                                                     |                                                                                                                   |
| (if known)                      |                                                                 |                               |                             |                                                     | ☐ Check if this is an                                                                                             |
|                                 |                                                                 |                               |                             |                                                     | amended filing                                                                                                    |
| Official I                      | Form 106H                                                       |                               |                             |                                                     |                                                                                                                   |
| Schedu                          | le H: Your Cod                                                  | ebtors                        |                             |                                                     | 12/15                                                                                                             |
| 1. Do yo □ No ■ Yes             | u have any codebtors? (If y                                     | ou are filing a joint case, o | do not list either spouse a | s a codebtor.                                       |                                                                                                                   |
|                                 | n the last 8 years, have you<br>California, Idaho, Louisiana,   |                               |                             |                                                     | rty states and territories include<br>)                                                                           |
| ■ No. G                         | o to line 3.                                                    |                               |                             |                                                     |                                                                                                                   |
| ☐ Yes. □                        | Did your spouse, former spou                                    | ise, or legal equivalent live | with you at the time?       |                                                     |                                                                                                                   |
| in line 2                       | again as a codebtor only it 6D), Schedule E/F (Official         | f that person is a guarant    | tor or cosigner. Make su    | re you have listed                                  | ng with you. List the person shown<br>the creditor on Schedule D (Officia<br>, Schedule E/F, or Schedule G to fil |
|                                 | Jumn 1: Your codebtor<br>ne, Number, Street, City, State and ZI | P Code                        |                             | Column 2: The cr<br>Check all schedu                | reditor to whom you owe the debt les that apply:                                                                  |
| 65                              | randa J. Molina<br>26 Collamer Road<br>st Syracuse, NY 13057    |                               |                             | Schedule D, Schedule E/F Schedule G VW Credit, Inc. | -, line                                                                                                           |

| Fill               | in this information to identify your c                                                                                                                            | 2300.                                                                               |                                                  |                       |                    |                                     |                          |                                 |                 |
|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------|--------------------|-------------------------------------|--------------------------|---------------------------------|-----------------|
|                    |                                                                                                                                                                   | M. Mothersell                                                                       |                                                  |                       |                    |                                     |                          |                                 |                 |
|                    | btor 2  Duse, if filing)                                                                                                                                          |                                                                                     |                                                  |                       | _                  |                                     |                          |                                 |                 |
| Uni                | ited States Bankruptcy Court for the                                                                                                                              | e: WESTERN DISTRICT                                                                 | Γ OF NEW YORK                                    |                       |                    |                                     |                          |                                 |                 |
| Ca                 | se number                                                                                                                                                         |                                                                                     |                                                  |                       |                    | Check if this is:                   |                          |                                 |                 |
|                    | nown)                                                                                                                                                             |                                                                                     | -                                                |                       |                    | ☐ An amende                         | d filing                 |                                 |                 |
|                    |                                                                                                                                                                   |                                                                                     |                                                  |                       |                    | ☐ A suppleme                        |                          | postpetition llowing date:      | chapter         |
| O                  | fficial Form 106I                                                                                                                                                 |                                                                                     |                                                  |                       |                    | MM / DD/ Y                          | VYY                      | -                               |                 |
| S                  | chedule I: Your Inc                                                                                                                                               | ome                                                                                 |                                                  |                       |                    | WIWI / DD/ T                        |                          |                                 | 12/15           |
| sup<br>spo<br>atta | as complete and accurate as pos plying correct information. If you use. If you are separated and you ch a separate sheet to this form.  It 1: Describe Employment | are married and not filli<br>or spouse is not filing wi<br>On the top of any additi | ng jointly, and your s<br>ith you, do not includ | spouse i<br>de infori | s living<br>nation | y with you, inclu<br>about your spo | ude inform<br>use. If mo | nation about y<br>re space is r | your<br>needed, |
| 1.                 | Fill in your employment                                                                                                                                           |                                                                                     |                                                  |                       |                    |                                     |                          |                                 |                 |
|                    | information.                                                                                                                                                      |                                                                                     | Debtor 1                                         |                       |                    |                                     |                          | ing spouse                      |                 |
|                    | If you have more than one job, attach a separate page with                                                                                                        | Employment status                                                                   | Employed                                         |                       |                    | ·                                   | ☐ Employed               |                                 |                 |
|                    | information about additional employers.                                                                                                                           |                                                                                     | ☐ Not employed                                   |                       |                    | ⊔ Not er                            | ☐ Not employed           |                                 |                 |
|                    | Include part-time, seasonal, or self-employed work.                                                                                                               | Occupation                                                                          | Regional Suppo<br>Superviso                      | rt Cntr.              | •                  |                                     |                          |                                 |                 |
|                    | • •                                                                                                                                                               | Employer's name                                                                     | Charter Commu                                    | nicatio               | n                  |                                     |                          |                                 |                 |
|                    | Occupation may include student or homemaker, if it applies.                                                                                                       | Employer's address                                                                  | 100 Town Centre<br>Rochester, NY 1               |                       |                    |                                     |                          |                                 |                 |
|                    |                                                                                                                                                                   | How long employed the                                                               | here? 6.5 year                                   | 'S                    |                    |                                     |                          |                                 |                 |
| Pai                | rt 2: Give Details About Mo                                                                                                                                       | nthly Income                                                                        |                                                  |                       |                    |                                     |                          |                                 |                 |
| spo<br>If yo       | imate monthly income as of the duse unless you are separated.  ou or your non-filing spouse have me space, attach a separate sheet to                             | ore than one employer, co                                                           | , 3                                              |                       | ,                  | ,                                   |                          | ,                               | Ü               |
|                    |                                                                                                                                                                   |                                                                                     |                                                  |                       | F                  | or Debtor 1                         | For Deb                  | otor 2 or<br>ng spouse          |                 |
| 2.                 | List monthly gross wages, sala deductions). If not paid monthly,                                                                                                  |                                                                                     |                                                  | 2.                    | \$                 | 5,217.40                            | \$                       | N/A                             |                 |
| 3.                 | Estimate and list monthly over                                                                                                                                    | time pay.                                                                           |                                                  | 3.                    | +\$                | 0.00                                | +\$                      | N/A                             |                 |
| 4.                 | Calculate gross Income. Add li                                                                                                                                    | ne 2 + line 3.                                                                      |                                                  | 4.                    | \$                 | 5,217.40                            | \$                       | N/A                             |                 |
|                    |                                                                                                                                                                   |                                                                                     |                                                  |                       |                    |                                     |                          |                                 |                 |

|     |                 |                                                                                                                                                                                                                                                                                 |          |     | For         | Debtor 1 |      |        | r Debtor<br>n-filing s |                   |                |
|-----|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----|-------------|----------|------|--------|------------------------|-------------------|----------------|
|     | Сору            | y line 4 here                                                                                                                                                                                                                                                                   | 4.       |     | \$          | 5,217    | .40  | \$     |                        | N/A               |                |
| 5.  | List a          | all payroll deductions:                                                                                                                                                                                                                                                         |          |     |             |          |      | _      |                        |                   |                |
| •   | 5a.             | Tax, Medicare, and Social Security deductions                                                                                                                                                                                                                                   | 5a       |     | \$          | 635      | 49   | \$     |                        | N/A               |                |
|     | 5b.             | Mandatory contributions for retirement plans                                                                                                                                                                                                                                    | 5b       |     | \$-         |          | .00  | \$     |                        | N/A               |                |
|     | 5c.             | Voluntary contributions for retirement plans                                                                                                                                                                                                                                    | 5c       |     | <b>\$</b> - |          | .57  | \$-    |                        | N/A               |                |
|     | 5d.             | Required repayments of retirement fund loans                                                                                                                                                                                                                                    | 5d       |     | <b>\$</b> - |          | .87  | \$     |                        | N/A               |                |
|     | 5e.             | Insurance                                                                                                                                                                                                                                                                       | 5e       |     | \$          | 196      |      | \$-    |                        | N/A               |                |
|     | 5f.             | Domestic support obligations                                                                                                                                                                                                                                                    | 5f.      |     | <u> </u>    |          | .00  | \$-    |                        | N/A               |                |
|     | 5g.             | Union dues                                                                                                                                                                                                                                                                      | 5g       |     | <b>\$</b> - |          | .00  | \$-    |                        | N/A               |                |
|     | 5h.             | Other deductions. Specify: FSA Medical Account                                                                                                                                                                                                                                  | 5h       |     | \$          |          | .67  | + \$   |                        | N/A               |                |
| 6.  | Add             | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.                                                                                                                                                                                                                      | 6.       |     | \$_         | 992      | .01  | \$_    |                        | N/A               |                |
| 7.  | Calc            | ulate total monthly take-home pay. Subtract line 6 from line 4.                                                                                                                                                                                                                 | 7.       |     | \$_         | 4,225    | .39  | \$_    |                        | N/A               |                |
| 8.  | List a<br>8a.   | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a       | ı.  | \$          | 0        | .00  | \$     |                        | N/A               |                |
|     | 8b.             | Interest and dividends                                                                                                                                                                                                                                                          | 8b       |     | \$          | 0        | .00  | \$     |                        | N/A               |                |
|     | 8c.             | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.                                                                              | 8c       |     | \$          | 0        | .00  | \$     |                        | N/A               |                |
|     | 8d.             | Unemployment compensation                                                                                                                                                                                                                                                       | 8d       |     | \$          |          | .00  | \$     |                        | N/A               |                |
|     | 8e.             | Social Security                                                                                                                                                                                                                                                                 | 8e       |     | \$          |          | .00  | \$     |                        | N/A               |                |
|     | 8f.             | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:          | e<br>8f. |     | \$_         |          | .00  | \$_    |                        | N/A               |                |
|     | 8g.             | Pension or retirement income                                                                                                                                                                                                                                                    | 8g       |     | \$          |          | .00  | \$     |                        | N/A               |                |
|     | 8h.             | Other monthly income. Specify:                                                                                                                                                                                                                                                  | 8h       | .+  | \$_         | 0        | .00  | + \$ _ |                        | N/A               |                |
| 9.  | Add             | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.                                                                                                                                                                                                                            | 9.       | 9   | \$          | 0        | .00  | \$_    |                        | N/A               |                |
| 10. |                 | ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.                                                                                                                                                               | 10.      | \$_ |             | 4,225.39 | + \$ |        | N/A                    | = \$              | 4,225.39       |
| 11. | Includ<br>other | e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives.  ot include any amounts already included in lines 2-10 or amounts that are not cify:              | depe     |     |             |          |      |        | Schedule               | e J.<br>+\$       | 0.00           |
| 12. |                 | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certales                                                                                                                         |          |     |             |          |      |        | e.<br>12.              | \$                | 4,225.39       |
| 13. | Do yo           | ou expect an increase or decrease within the year after you file this form  No.  Yes. Explain:                                                                                                                                                                                  | ?        |     |             |          |      |        |                        | Combir<br>monthly | ed<br>/ income |

| Fill                                               | in this information to identify your case:                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                      |                                                      |
|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------|------------------------------------------------------|
| Deb                                                | otor 1 Samantha M. Mothersell                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Check                        | if this is:                          |                                                      |
|                                                    |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              | an amended filing                    |                                                      |
|                                                    | ouse, if filing)                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                      | ving postpetition chapter the following date:        |
| Llois                                              | and States Deplay play Court for the WESTERN DISTRICT OF NEW V                                                                                           | OBK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              | MM / DD / YYYY                       |                                                      |
| Unit                                               | led States Bankruptcy Court for the: WESTERN DISTRICT OF NEW Y                                                                                           | ORK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | IV                           | /IIM / DD / TTTT                     |                                                      |
|                                                    | e number<br>nown)                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                      |                                                      |
|                                                    |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                      |                                                      |
| $\bigcirc$                                         | fficial Form 106J                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                      |                                                      |
|                                                    |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                      | 40/45                                                |
|                                                    | chedule J: Your Expenses as complete and accurate as possible. If two married people ar                                                                  | e filing together, bo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | oth are equa                 | lly responsible fo                   | 12/15<br>or supplying correct                        |
| info                                               | ormation. If more space is needed, attach another sheet to this mber (if known). Answer every question.                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                      |                                                      |
| Par<br>1.                                          | t 1: Describe Your Household Is this a joint case?                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                      |                                                      |
|                                                    | ■ No. Go to line 2.                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                      |                                                      |
| ☐ Yes. Does Debtor 2 live in a separate household? |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                      |                                                      |
|                                                    | □ No                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              | •                                    |                                                      |
|                                                    | ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses                                                                                                 | tor Separate House                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | nola of Debto                | or 2.                                |                                                      |
| 2.                                                 | Do you have dependents? $\square$ No                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                      |                                                      |
|                                                    | Do not list Debtor 1 and Debtor 2.   Yes. Fill out this information for each dependent                                                                   | Dependent's relation Debtor 1 or Debtor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              | Dependent's age                      | Does dependent live with you?                        |
|                                                    | Do not state the                                                                                                                                         | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |                                      | □ No                                                 |
|                                                    | dependents names.                                                                                                                                        | Son                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              | 4                                    | Yes                                                  |
|                                                    |                                                                                                                                                          | Daughter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                              | 9                                    | □ No<br>■ Yes                                        |
|                                                    |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                      | □ No                                                 |
|                                                    |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                      | ☐ Yes                                                |
|                                                    |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                      | □ No                                                 |
| •                                                  |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                      | ☐ Yes                                                |
| 3.                                                 | Do your expenses include expenses of people other than yourself and your dependents?                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                      |                                                      |
| Par                                                | t 2: Estimate Your Ongoing Monthly Expenses                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                      |                                                      |
| Est                                                | imate your expenses as of your bankruptcy filing date unless y<br>penses as of a date after the bankruptcy is filed. If this is a supp<br>plicable date. | ou are using this followed are using the second sec | orm as a sup<br>J, check the | plement in a Cha<br>box at the top o | pter 13 case to report<br>f the form and fill in the |
| Inc                                                | lude expenses paid for with non-cash government assistance i                                                                                             | f vou know                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              |                                      |                                                      |
| the                                                | value of such assistance and have included it on Schedule I: Y                                                                                           | our Income                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              | V                                    |                                                      |
| (Of                                                | ficial Form 106l.)                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              | Your expe                            | enses                                                |
| 4.                                                 | The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.                                                | nclude first mortgage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 4. \$                        |                                      | 750.00                                               |
|                                                    | If not included in line 4:                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                      |                                                      |
|                                                    |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 40 °C                        |                                      | 0.00                                                 |
|                                                    | <ul><li>4a. Real estate taxes</li><li>4b. Property, homeowner's, or renter's insurance</li></ul>                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4a. \$<br>4b. \$             |                                      | 0.00<br>25.00                                        |
|                                                    | 4c. Home maintenance, repair, and upkeep expenses                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4c. \$                       |                                      | 0.00                                                 |
|                                                    | 4d. Homeowner's association or condominium dues                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4d. \$                       |                                      | 0.00                                                 |
| 5.                                                 | Additional mortgage payments for your residence, such as ho                                                                                              | me equity loans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5. \$                        |                                      | 0.00                                                 |

| Debtor 1             | Samantha                          | M. Mothersell                                                  | Case num                    | nber (if known) |                          |
|----------------------|-----------------------------------|----------------------------------------------------------------|-----------------------------|-----------------|--------------------------|
| 14:11                | ition                             |                                                                |                             | _               |                          |
| . <b>Util</b><br>6a. | i <b>ties:</b><br>Electricity, he | eat, natural gas                                               | 6a.                         | \$              | 260.00                   |
| 6b.                  | •                                 | r, garbage collection                                          | 6b.                         |                 | 133.00                   |
| 6c.                  |                                   | ell phone, Internet, satellite, and cable services             | 6c.                         |                 | 120.00                   |
| 6d.                  | Other. Speci                      | •                                                              | 6d.                         | *               | 0.00                     |
|                      | •                                 | eeping supplies                                                | od.<br>7.                   | ·               |                          |
|                      |                                   |                                                                |                             | · <u> </u>      | 650.00                   |
| _                    |                                   | dren's education costs                                         | 8.                          |                 | 621.67                   |
|                      |                                   | and dry cleaning                                               | 9.                          | · -             | 50.00                    |
|                      | •                                 | ducts and services                                             | 10.                         |                 | 95.00                    |
|                      | lical and denta                   | •                                                              | 11.                         | \$              | 0.00                     |
|                      | •                                 | clude gas, maintenance, bus or train fare.                     | 12.                         | ¢               | 433.00                   |
|                      | not include car                   | payments.<br>Ibs, recreation, newspapers, magazines, and bo    |                             | · —             |                          |
|                      |                                   |                                                                |                             | · -             | 100.00                   |
|                      |                                   | utions and religious donations                                 | 14.                         | \$              | 0.00                     |
|                      | ırance.                           | ronge deducted from your pay or included in lines A            | or 20                       |                 |                          |
|                      | . Life insuranc                   | rance deducted from your pay or included in lines 4            | or 20.<br>15a.              | ¢               | 0.00                     |
|                      | . Health insura                   |                                                                | 15a.<br>15b.                | · ·             |                          |
|                      |                                   |                                                                |                             | ·               | 0.00                     |
|                      | . Vehicle insur                   |                                                                | 15c.                        | ·               | 190.00                   |
|                      | . Other insura                    | · · · · · · · · · · · · · · · · · · ·                          | 15d.                        | \$              | 0.00                     |
|                      |                                   | ide taxes deducted from your pay or included in line           |                             | •               | 24.22                    |
|                      |                                   | es from 2017                                                   | 16.                         | \$              | 81.00                    |
| '. Inst              | allment or leas                   | se payments:                                                   | 170                         | <b>c</b>        | 500.00                   |
|                      | . Car payment                     |                                                                | 17a.                        |                 | 529.00                   |
|                      | . Car payment                     |                                                                | 17b.                        | *               | 0.00                     |
|                      |                                   | Guaranteed student loans                                       | 17c.                        | ·               | 87.00                    |
|                      | . Other. Speci                    |                                                                | 17d.                        | \$              | 0.00                     |
|                      |                                   | alimony, maintenance, and support that you did                 |                             | ¢               | 0.00                     |
|                      |                                   | ur pay on line 5, Schedule I, Your Income (Offici              | a o                         |                 |                          |
|                      |                                   | ou make to support others who do not live with                 |                             | \$              | 0.00                     |
|                      | cify:                             | v avmanaga nat ingludad in lines 4 au E of this fo             | 19.                         | aur Incomo      |                          |
|                      |                                   | y expenses not included in lines 4 or 5 of this fo             |                             |                 | 0.00                     |
|                      | 0 0                               | n other property                                               | 20a.                        | · · -           | 0.00                     |
|                      | . Real estate t                   |                                                                | 20b.                        | ·               | 0.00                     |
|                      |                                   | meowner's, or renter's insurance                               | 20c.                        | · ·             | 0.00                     |
|                      |                                   | , repair, and upkeep expenses                                  | 20d.                        | · · -           | 0.00                     |
| 20e                  | . Homeowner'                      | s association or condominium dues                              | 20e.                        | \$              | 0.00                     |
| . Oth                | er: Specify:                      | School supplies and lunches at school                          | 21.                         | +\$             | 100.00                   |
| Cal                  | -<br>nulata vaur ma               | nthly evenence                                                 |                             |                 |                          |
|                      | . Add lines 4 thi                 | onthly expenses                                                |                             | \$              | 4 224 67                 |
|                      |                                   | 9                                                              | Farms 400 L 0               |                 | 4,224.67                 |
|                      |                                   | monthly expenses for Debtor 2), if any, from Officia           | FUIIII 100J-Z               | \$              |                          |
| 22c                  | . Add line 22a a                  | nd 22b. The result is your monthly expenses.                   |                             | \$              | 4,224.67                 |
| Cal                  | culate vour mo                    | onthly net income.                                             |                             |                 |                          |
|                      | -                                 | (your combined monthly income) from Schedule I.                | 23a.                        | \$              | 4,225.39                 |
|                      |                                   | onthly expenses from line 22c above.                           | 23a.<br>23b.                |                 | 4,224.67                 |
| ∠30                  | . Сору уош т                      | onuny expenses nom line 220 above.                             | ∠30.                        | -φ              | 4,224.07                 |
| 230                  | Subtract you                      | r monthly expenses from your monthly income.                   |                             |                 |                          |
| 230                  |                                   | your monthly net income.                                       | 23c.                        | \$              | 0.72                     |
|                      | 1110 100011 13                    | year monday normoone.                                          |                             |                 |                          |
| 4. <b>Do</b>         | you expect an                     | increase or decrease in your expenses within the               | ne year after you file this | s form?         |                          |
| For                  | example, do you e                 | expect to finish paying for your car loan within the year or d |                             |                 | or decrease because of a |
|                      |                                   | ms of your mortgage?                                           |                             |                 |                          |
|                      | No.                               |                                                                |                             |                 |                          |
|                      | es. E                             | xplain here:                                                   |                             |                 |                          |

| Fill in thi   | s information to identify your                                                                               | c250:                    |                              |                           |                                                            |
|---------------|--------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------|---------------------------|------------------------------------------------------------|
|               |                                                                                                              |                          |                              |                           |                                                            |
| Debtor 1      | Samantha M. Mo First Name                                                                                    | thersell  Middle Name    | Last Name                    |                           |                                                            |
| Debtor 2      | i iist ivallie                                                                                               | wildule Name             | Last Name                    |                           |                                                            |
| (Spouse if, f | iling) First Name                                                                                            | Middle Name              | Last Name                    |                           |                                                            |
| United St     | ates Bankruptcy Court for the:                                                                               | WESTERN DISTRICT         | OF NEW YORK                  |                           |                                                            |
| Case nur      | nber                                                                                                         |                          |                              | ι                         | ☐ Check if this is an amended filing                       |
|               | Form 106Dec<br>  aration About a                                                                             | an Individua             | l Debtor's Scl               | nedules                   | 12/15                                                      |
| obtaining     | file this form whenever you f<br>money or property by fraud i<br>both. 18 U.S.C. §§ 152, 1341,<br>Sign Below | n connection with a ban  |                              |                           |                                                            |
| Did           | you pay or agree to pay some                                                                                 | eone who is NOT an atto  | rney to help you fill out ba | nkruptcy forms?           |                                                            |
|               | No                                                                                                           |                          |                              |                           |                                                            |
|               | Yes. Name of person                                                                                          |                          |                              |                           | Petition Preparer's Notice,<br>gnature (Official Form 119) |
|               | er penalty of perjury, I declare<br>they are true and correct.                                               | that I have read the sun | nmary and schedules filed    | with this declaration and |                                                            |
| Х             | /s/ Samantha M. Mothersel                                                                                    | I                        | X                            |                           |                                                            |
| -             | Samantha M. Mothersell<br>Signature of Debtor 1                                                              |                          | Signature of D               | Pebtor 2                  |                                                            |
| 1             | Date <b>January 16, 2020</b>                                                                                 |                          | Date                         |                           |                                                            |

| Fill       | Lin this inform            | ation to identify you                      | r case:                                                                                          |                                                       |                                            |                                                       |
|------------|----------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------|-------------------------------------------------------|
|            | btor 1                     | Samantha M. Mo                             |                                                                                                  |                                                       |                                            |                                                       |
| De         | DIOI I                     | First Name                                 | Middle Name                                                                                      | Last Name                                             |                                            |                                                       |
| 1 -        | btor 2<br>ouse if, filing) | First Name                                 | Middle Name                                                                                      | Last Name                                             |                                            |                                                       |
| ``         | , 0,                       |                                            |                                                                                                  |                                                       |                                            |                                                       |
| Un         | ited States Bar            | kruptcy Court for the:                     | WESTERN DISTRICT OF                                                                              | NEW YORK                                              |                                            |                                                       |
|            | se number<br>nown)         |                                            |                                                                                                  |                                                       | _                                          | Check if this is an amended filing                    |
| St         |                            | of Financial                               | Affairs for Indivic                                                                              |                                                       |                                            | 4/19                                                  |
| info       | rmation. If me             |                                            | attach a separate sheet to t                                                                     |                                                       |                                            |                                                       |
| Pa         | rt 1: Give D               | etails About Your Ma                       | arital Status and Where You                                                                      | Lived Before                                          |                                            |                                                       |
| 1.         | What is your               | current marital statu                      | ıs?                                                                                              |                                                       |                                            |                                                       |
|            | ☐ Married                  |                                            |                                                                                                  |                                                       |                                            |                                                       |
|            | ■ Not mari                 | ried                                       |                                                                                                  |                                                       |                                            |                                                       |
| 2.         | During the la              | st 3 years, have you                       | lived anywhere other than v                                                                      | where you live now?                                   |                                            |                                                       |
|            | □ No                       |                                            |                                                                                                  |                                                       |                                            |                                                       |
|            |                            | all of the places you I                    | ived in the last 3 years. Do no                                                                  | ot include where you live now                         | <i>I</i> .                                 |                                                       |
|            | Debtor 1 Pri               | or Address:                                | Dates Debtor 1 lived there                                                                       | Debtor 2 Prior Ad                                     | dress:                                     | Dates Debtor 2<br>lived there                         |
|            | 5962 Pony<br>Cicero, NY    |                                            | From-To:<br><b>2012-9/30/201</b> 7                                                               | ☐ Same as Debtor                                      | 1                                          | ☐ Same as Debtor 1<br>From-To:                        |
| 3.<br>stat | es and territorie          | es include Arizona, Ca                     | ver live with a spouse or leg<br>lifornia, Idaho, Louisiana, Nev<br>hedule H: Your Codebtors (Of | vada, New Mexico, Puerto R                            |                                            |                                                       |
| Pa         | rt 2 Explain               | n the Sources of You                       | r Income                                                                                         |                                                       |                                            |                                                       |
| 4.         | Fill in the total          | I amount of income yo                      | nployment or from operating ureceived from all jobs and a have income that you receive           | ill businesses, including part                        | time activities.                           | endar years?                                          |
|            |                            |                                            | Debtor 1                                                                                         |                                                       | Debtor 2                                   |                                                       |
|            |                            |                                            | Sources of income<br>Check all that apply.                                                       | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply. | Gross income<br>(before deductions<br>and exclusions) |
|            |                            | of current year until<br>I for bankruptcy: | ■ Wages, commissions, bonuses, tips                                                              | \$2,452.05                                            | ☐ Wages, commissions, bonuses, tips        |                                                       |
|            |                            |                                            | ☐ Operating a business                                                                           |                                                       | ☐ Operating a business                     |                                                       |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Deptor 1                      | samantna IVI. Motners                                                                                                                                                                                                                          | eii                                                                                                                                                                                                                | Cas                                                                                                                                                                                                                                                                        | e number (if known)                                                                                              |                                             |                                                           |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------|
|                               |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                            |                                                                                                                  |                                             |                                                           |
|                               |                                                                                                                                                                                                                                                | Debtor 1                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                            | Debtor 2                                                                                                         |                                             |                                                           |
|                               |                                                                                                                                                                                                                                                | Sources of income<br>Check all that apply.                                                                                                                                                                         | Gross income<br>(before deductions and<br>exclusions)                                                                                                                                                                                                                      | Sources of inc<br>Check all that a                                                                               |                                             | Gross income<br>(before deductions<br>and exclusions)     |
| For last cale<br>(January 1 t | endar year:<br>o December 31, 2019 )                                                                                                                                                                                                           | ■ Wages, commissions, bonuses, tips                                                                                                                                                                                | \$58,709.33                                                                                                                                                                                                                                                                | ☐ Wages, combonuses, tips                                                                                        | ımissions,                                  |                                                           |
|                               |                                                                                                                                                                                                                                                | ☐ Operating a business                                                                                                                                                                                             |                                                                                                                                                                                                                                                                            | ☐ Operating a                                                                                                    | business                                    |                                                           |
|                               | ndar year before that:<br>o December 31, 2018)                                                                                                                                                                                                 | ■ Wages, commissions, bonuses, tips                                                                                                                                                                                | \$62,342.00                                                                                                                                                                                                                                                                | ☐ Wages, combonuses, tips                                                                                        | ımissions,                                  |                                                           |
|                               |                                                                                                                                                                                                                                                | ☐ Operating a business                                                                                                                                                                                             |                                                                                                                                                                                                                                                                            | ☐ Operating a                                                                                                    | business                                    |                                                           |
| winnings List each            | s. If you are filing a joint ca                                                                                                                                                                                                                | s; pensions; rental income; inter<br>ase and you have income that y<br>come from each source separat                                                                                                               | ou received together, list it o                                                                                                                                                                                                                                            | only once under De                                                                                               | ebtor 1.                                    | ·                                                         |
|                               |                                                                                                                                                                                                                                                | Debtor 1                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                            | Debtor 2                                                                                                         |                                             |                                                           |
|                               |                                                                                                                                                                                                                                                | Sources of income Describe below.                                                                                                                                                                                  | Gross income from<br>each source<br>(before deductions and<br>exclusions)                                                                                                                                                                                                  | Sources of inc<br>Describe below                                                                                 |                                             | Gross income<br>(before deductions<br>and exclusions)     |
| Part 3: Li                    | st Certain Payments Yo                                                                                                                                                                                                                         | u Made Before You Filed for I                                                                                                                                                                                      | Bankruptcv                                                                                                                                                                                                                                                                 |                                                                                                                  |                                             |                                                           |
| □ No.                         | Neither Debtor 1 nor individual primarily for  During the 90 days be  No. Go to line  Yes List below paid that continclude  * Subject to adjustme  B. Debtor 1 or Debtor 2  During the 90 days be  No. Go to line  Yes List below include paid | r each creditor to whom you paid<br>creditor. Do not include payment<br>e payments to an attorney for the<br>nt on 4/01/22 and every 3 years<br>or both have primarily consu<br>fore you filed for bankruptcy, did | Imer debts. Consumer debted purpose."  If you pay any creditor a total data total of \$6,825* or more the for domestic support oblights bankruptcy case. It is after that for cases filed on timer debts.  If you pay any creditor a total data total of \$600 or more and | al of \$6,825* or mo<br>in one or more pay<br>gations, such as ch<br>or after the date o<br>al of \$600 or more? | yments and the nild support and adjustment. | ne total amount you nd alimony. Also, do creditor. Do not |
| Credito                       | or's Name and Address                                                                                                                                                                                                                          | Dates of payme                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                            | Amount you                                                                                                       | Was this p                                  | ayment for                                                |
| VW Cr                         | edit, Inc.                                                                                                                                                                                                                                     | Past 90 days                                                                                                                                                                                                       | paid<br>\$1,587.00                                                                                                                                                                                                                                                         | still owe<br>\$27,304.00                                                                                         | ☐ Mortgag                                   | ie                                                        |
| P.O. B                        |                                                                                                                                                                                                                                                | ,                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                            | ·                                                                                                                | ■ Car □ Credit C □ Loan Re                  | Card                                                      |

| 7.  | Within 1 year before you filed for bankruptur Insiders include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony. | artners; relatives of any gen<br>control, or owner of 20% o                                                                               | eral partners; partners r more of their voting   | erships of which yo<br>g securities; and a | ou are a genera<br>ny managing a    | al partner; corporations<br>gent, including one for |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------|-------------------------------------|-----------------------------------------------------|
|     | No                                                                                                                                                                                                       |                                                                                                                                           |                                                  |                                            |                                     |                                                     |
|     | ☐ Yes. List all payments to an insider.                                                                                                                                                                  |                                                                                                                                           |                                                  |                                            |                                     |                                                     |
|     | Insider's Name and Address                                                                                                                                                                               | Dates of payment                                                                                                                          | Total amount paid                                | Amount you still owe                       | Reason for                          | this payment                                        |
| 8.  | Within 1 year before you filed for bankrupter insider? Include payments on debts guaranteed or cost                                                                                                      |                                                                                                                                           | ments or transfer a                              | any property on a                          | ccount of a de                      | ebt that benefited an                               |
|     | ■ No                                                                                                                                                                                                     |                                                                                                                                           |                                                  |                                            |                                     |                                                     |
|     | Yes. List all payments to an insider                                                                                                                                                                     |                                                                                                                                           |                                                  |                                            | _                                   |                                                     |
|     | Insider's Name and Address                                                                                                                                                                               | Dates of payment                                                                                                                          | Total amount paid                                | Amount you still owe                       | Include cred                        | this payment itor's name                            |
| Pai | t 4: Identify Legal Actions, Repossession                                                                                                                                                                | ns, and Foreclosures                                                                                                                      |                                                  |                                            |                                     |                                                     |
| 9.  | Within 1 year before you filed for bankrupt<br>List all such matters, including personal injury<br>modifications, and contract disputes.                                                                 |                                                                                                                                           |                                                  |                                            |                                     |                                                     |
|     | □ No                                                                                                                                                                                                     |                                                                                                                                           |                                                  |                                            |                                     |                                                     |
|     | Yes. Fill in the details.                                                                                                                                                                                |                                                                                                                                           |                                                  |                                            |                                     |                                                     |
|     | Case title Case number                                                                                                                                                                                   | Nature of the case                                                                                                                        | Court or agency                                  |                                            | Status of th                        | e case                                              |
|     | Crescent Bank and Trust vs.<br>Samantha M. Mothersell<br>010552/2018                                                                                                                                     | Collection lawsuit                                                                                                                        | ection lawsuit Supreme Court, Onondaga<br>County |                                            | a ☐ Pending ☐ On appeal ☐ Concluded |                                                     |
|     | Onondaga County DSS vs.<br>Samantha M. Mothersell<br>2019/03303CV                                                                                                                                        | Collection lawsuit                                                                                                                        | Syracuse City                                    | Court                                      | ■ Pending □ On appe □ Conclude      | al                                                  |
| 10. | Within 1 year before you filed for bankrupte Check all that apply and fill in the details below  No. Go to line 11.                                                                                      |                                                                                                                                           | erty repossessed, f                              | oreclosed, garnis                          | shed, attached                      | I, seized, or levied?                               |
|     | Yes. Fill in the information below.                                                                                                                                                                      |                                                                                                                                           |                                                  |                                            |                                     |                                                     |
|     | Creditor Name and Address                                                                                                                                                                                | Describe the Property                                                                                                                     |                                                  | Date                                       |                                     | Value of the                                        |
|     | Orealtor Name and Address                                                                                                                                                                                | , ,                                                                                                                                       |                                                  | Date                                       |                                     | property                                            |
|     | Crescent Bank and Trust<br>P.O. Box 2460<br>Chesapeake, VA 23327                                                                                                                                         | Explain what happened  Deficiency balance following re of 2010 Honda Civic automobile  Property was repossessed. Property was foreclosed. |                                                  |                                            | 1 year                              | \$900.60                                            |
|     |                                                                                                                                                                                                          | ■ Property was garnishe □ Property was attached                                                                                           |                                                  |                                            |                                     |                                                     |

Case number (if known)

Debtor 1 Samantha M. Mothersell

| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment became                                          |        | did any creditor, including a bank or financial in                                                                                       | stitution, set off any                  | amounts from your         |
|-----|----------------------------------------------------------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------|
|     | No                                                                                                                               | ause   | you owed a debt:                                                                                                                         |                                         |                           |
|     | Yes. Fill in the details.                                                                                                        |        |                                                                                                                                          |                                         |                           |
|     | Creditor Name and Address                                                                                                        | De     | scribe the action the creditor took                                                                                                      | Date action was taken                   | Amount                    |
| 12. | Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or ar                                        |        | as any of your property in the possession of an er official?                                                                             | assignee for the ben                    | efit of creditors, a      |
|     | ☐ Yes                                                                                                                            |        |                                                                                                                                          |                                         |                           |
| Par | t 5: List Certain Gifts and Contributions                                                                                        |        |                                                                                                                                          |                                         |                           |
| 13. | Within 2 years before you filed for bankrupt  ☐ No  ☐ Yes. Fill in the details for each gift.                                    | tcy, c | did you give any gifts with a total value of more t                                                                                      | han \$600 per person                    | ?                         |
|     | Gifts with a total value of more than \$600 per person                                                                           |        | Describe the gifts                                                                                                                       | Dates you gave the gifts                | Value                     |
|     | Person to Whom You Gave the Gift and Address:                                                                                    |        |                                                                                                                                          |                                         |                           |
|     | Debtor's daughter<br>149 Fayette Street<br>Palmyra, NY 14522                                                                     |        | Jewelry leased from NPRTO New York, LLC                                                                                                  | 12/25/2019                              | \$700.00                  |
|     | Person's relationship to you: <b>Daughter</b>                                                                                    |        |                                                                                                                                          |                                         |                           |
|     |                                                                                                                                  |        |                                                                                                                                          |                                         |                           |
| 14. | Within 2 years before you filed for bankrup                                                                                      | tcy, c | did you give any gifts or contributions with a total                                                                                     | al value of more than                   | \$600 to any charity?     |
|     | No                                                                                                                               |        |                                                                                                                                          |                                         |                           |
|     | Yes. Fill in the details for each gift or cont                                                                                   |        |                                                                                                                                          | D-1                                     | Walne                     |
|     | Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | 31     | Describe what you contributed                                                                                                            | Dates you contributed                   | Value                     |
| Par | <u> </u>                                                                                                                         |        |                                                                                                                                          |                                         |                           |
|     |                                                                                                                                  | y or   | since you filed for bankruptcy, did you lose any                                                                                         | thing because of the                    | ft, fire, other disaster, |
|     | or gambing:                                                                                                                      |        |                                                                                                                                          |                                         |                           |
|     | No                                                                                                                               |        |                                                                                                                                          |                                         |                           |
|     | Yes. Fill in the details.                                                                                                        | ocori  | he any incurance severage for the loca                                                                                                   | Data of your                            | Value of property         |
|     | how the loss occurred                                                                                                            | clude  | be any insurance coverage for the loss the amount that insurance has paid. List pending nce claims on line 33 of Schedule A/B: Property. | Date of your loss                       | Value of property lost    |
| Par | t 7: List Certain Payments or Transfers                                                                                          |        | , ,                                                                                                                                      |                                         |                           |
|     | Within 1 year before you filed for bankrupto                                                                                     |        | d you or anyone else acting on your behalf pay                                                                                           | or transfer any prope                   | erty to anyone you        |
|     | consulted about seeking bankruptcy or pre<br>Include any attorneys, bankruptcy petition prep                                     |        | ng a bankruptcy petition? s, or credit counseling agencies for services require                                                          | d in your bankruptcy.                   |                           |
|     | □ No                                                                                                                             |        |                                                                                                                                          |                                         |                           |
|     | Yes. Fill in the details.                                                                                                        |        |                                                                                                                                          |                                         |                           |
|     | Person Who Was Paid<br>Address<br>Email or website address                                                                       |        | Description and value of any property transferred                                                                                        | Date payment<br>or transfer was<br>made | Amount of payment         |
|     | Person Who Made the Payment, if Not You                                                                                          |        |                                                                                                                                          |                                         |                           |

Case number (if known)

Debtor 1 Samantha M. Mothersell

|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not You                                                                                               | Description and transferred                        | value of any prop            | erty             | Date payment or transfer was made                       | Amount of payment                             |  |  |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------|------------------|---------------------------------------------------------|-----------------------------------------------|--|--|
|     | Ronald S. Goldman, Esq.<br>45 Exchange Street, Suite #532<br>Rochester, NY 14614<br>rosgol@yahoo.com<br>Michael Moore, Debtor's boyfriend                                                           | Attorney Fees                                      |                              |                  | 1/8/2020,<br>1/9/2020                                   | \$1,200.00                                    |  |  |
|     | 001 Debtorcc, Inc.                                                                                                                                                                                  | Pre-bankruptcy counseling ses                      |                              | redit            | January 9,<br>2020                                      | \$14.95                                       |  |  |
| 17. | Within 1 year before you filed for bankruptcy promised to help you deal with your creditors. Do not include any payment or transfer that you                                                        | s or to make payment                               |                              |                  | or transfer any prope                                   | rty to anyone who                             |  |  |
|     | Yes. Fill in the details.                                                                                                                                                                           |                                                    |                              |                  |                                                         |                                               |  |  |
|     | Person Who Was Paid<br>Address                                                                                                                                                                      | Description and transferred                        | value of any prop            | erty             | Date payment or transfer was made                       | Amount of payment                             |  |  |
| 18. | Within 2 years before you filed for bankruptc transferred in the ordinary course of your bu Include both outright transfers and transfers mad include gifts and transfers that you have already  No | siness or financial aff<br>de as security (such as | airs?<br>the granting of a s |                  |                                                         |                                               |  |  |
|     | Yes. Fill in the details.                                                                                                                                                                           |                                                    |                              |                  |                                                         |                                               |  |  |
|     | Person Who Received Transfer<br>Address                                                                                                                                                             | Description and property transfer                  |                              |                  | any property or<br>received or debts<br>change          | Date transfer was made                        |  |  |
| 19. | Within 10 years before you filed for bankrupt beneficiary? (These are often called asset-protein No                                                                                                 |                                                    | ny property to a s           | self-settled tru | ust or similar device                                   | of which you are a                            |  |  |
|     | Yes. Fill in the details.                                                                                                                                                                           |                                                    |                              |                  |                                                         |                                               |  |  |
|     | Name of trust                                                                                                                                                                                       | Description and                                    | value of the prop            | erty transferr   | ed                                                      | Date Transfer was made                        |  |  |
| Par | t 8: List of Certain Financial Accounts, Inst                                                                                                                                                       | ruments, Safe Depos                                | it Boxes, and Sto            | rage Units       |                                                         |                                               |  |  |
| 20. | Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associ                                  | other financial accou                              | nts; certificates o          | of deposit; sh   |                                                         |                                               |  |  |
|     | ■ No □ Yes. Fill in the details.                                                                                                                                                                    |                                                    |                              |                  |                                                         |                                               |  |  |
|     |                                                                                                                                                                                                     | Last 4 digits of account number                    | Type of accour instrument    | clc<br>mo        | ite account was<br>osed, sold,<br>oved, or<br>insferred | Last balance<br>before closing or<br>transfer |  |  |
| 21. | Do you now have, or did you have within 1 ye cash, or other valuables?                                                                                                                              | ear before you filed fo                            | r bankruptcy, any            | / safe deposi    | t box or other deposi                                   | tory for securities,                          |  |  |
|     | ■ No □ Yes. Fill in the details.                                                                                                                                                                    |                                                    |                              |                  |                                                         |                                               |  |  |
|     | Yes. Fill in the details.  Name of Financial Institution                                                                                                                                            | Who else had ac                                    | cass to it?                  | Describe the     | contents                                                | Do you still                                  |  |  |
|     | Address (Number, Street, City, State and ZIP Code)                                                                                                                                                  | Address (Number, State and ZIP Code)               |                              | Describe tile    | Contents                                                | Do you still have it?                         |  |  |
|     |                                                                                                                                                                                                     |                                                    |                              |                  |                                                         |                                               |  |  |

| 22.    | Have you stored property in a storage unit or p                                                                                                 | lace other than your home within 1                                      | year before you filed for bankruptcy  | ?                     |
|--------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------|-----------------------|
|        | _                                                                                                                                               | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                 | ,,,,                                  | -                     |
|        | ■ No □ Yes. Fill in the details.                                                                                                                |                                                                         |                                       |                       |
|        | Name of Storage Facility                                                                                                                        | Who else has or had access                                              | Describe the contents                 | Do you still          |
|        | Address (Number, Street, City, State and ZIP Code)                                                                                              | to it? Address (Number, Street, City, State and ZIP Code)               | bescribe the contents                 | have it?              |
| Par    | 9: Identify Property You Hold or Control for                                                                                                    | ,                                                                       |                                       |                       |
| 23.    | Do you hold or control any property that some                                                                                                   | ana alsa awne2 Includa any pranari                                      | ty you borrowed from are storing for  | or hold in trust      |
| 20.    | for someone.                                                                                                                                    | one else owns: include any proper                                       | ty you borrowed from, are storing for | , or note in trust    |
|        | ■ No                                                                                                                                            |                                                                         |                                       |                       |
|        | Yes. Fill in the details.                                                                                                                       |                                                                         |                                       |                       |
|        | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)                                                                              | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code) | Describe the property                 | Value                 |
| Par    | 10: Give Details About Environmental Inform                                                                                                     | ation                                                                   |                                       |                       |
| For    | he purpose of Part 10, the following definitions                                                                                                | apply:                                                                  |                                       |                       |
|        | Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su | ir, land, soil, surface water, ground                                   | - ·                                   |                       |
|        | Site means any location, facility, or property as to own, operate, or utilize it, including disposal                                            | <u>-</u>                                                                | law, whether you now own, operate, o  | or utilize it or used |
|        | Hazardous material means anything an environ hazardous material, pollutant, contaminant, or                                                     |                                                                         | s waste, hazardous substance, toxic s | substance,            |
| Rep    | ort all notices, releases, and proceedings that yo                                                                                              | ou know about, regardless of when                                       | they occurred.                        |                       |
| 24.    | Has any governmental unit notified you that yo                                                                                                  | u mav be liable or potentially liable                                   | under or in violation of an environme | ental law?            |
|        | _                                                                                                                                               | , , ,                                                                   |                                       |                       |
|        | ■ No □ Yes. Fill in the details.                                                                                                                |                                                                         |                                       |                       |
|        | Name of site                                                                                                                                    | Governmental unit                                                       | Environmental law, if you             | Date of notice        |
|        | Address (Number, Street, City, State and ZIP Code)                                                                                              | Address (Number, Street, City, State and ZIP Code)                      |                                       | Date of Hotice        |
| 25.    | Have you notified any governmental unit of any                                                                                                  | release of hazardous material?                                          |                                       |                       |
|        | ■ No                                                                                                                                            |                                                                         |                                       |                       |
|        | Yes. Fill in the details.                                                                                                                       |                                                                         |                                       |                       |
|        | Name of site<br>Address (Number, Street, City, State and ZIP Code)                                                                              | Governmental unit Address (Number, Street, City, State and ZIP Code)    | Environmental law, if you know it     | Date of notice        |
| 26.    | Have you been a party in any judicial or admini                                                                                                 | strative proceeding under any envi                                      | ronmental law? Include settlements a  | and orders.           |
|        | ■ No □ Yes. Fill in the details.                                                                                                                |                                                                         |                                       |                       |
|        | Case Title Case Number                                                                                                                          | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case                    | Status of the case    |
| Par    | 11: Give Details About Your Business or Con                                                                                                     | ,                                                                       |                                       |                       |
| 27     | Within 4 years before you filed for bankruptcy,                                                                                                 | did you own a husiness or have an                                       | v of the following connections to an  | / husiness?           |
| 21.    | ☐ A sole proprietor or self-employed in a                                                                                                       | •                                                                       |                                       | , wasiii633 :         |
|        |                                                                                                                                                 | •                                                                       | •                                     |                       |
| 0.00   | ☐ A member of a limited liability company                                                                                                       |                                                                         |                                       |                       |
| Offici | al Form 107 Statement                                                                                                                           | of Financial Affairs for Individuals Filing                             | j tor ⊫ankruptcy                      | page                  |

|                                                                | ☐ A partner in a p                                     | artnership                                                          |                                                                                                                  |                        |                                    |
|----------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------------|
| ☐ An officer, director, or managing executive of a corporation |                                                        |                                                                     |                                                                                                                  |                        |                                    |
|                                                                | ☐ An owner of at                                       | least 5% of the votir                                               | ng or equity securities of a corporation                                                                         | on                     |                                    |
|                                                                | No. None of the ab                                     | ove applies. Go to                                                  | Part 12.                                                                                                         |                        |                                    |
|                                                                | ☐ Yes. Check all that                                  | apply above and fil                                                 | I in the details below for each busine                                                                           | ess.                   |                                    |
|                                                                | Business Name                                          |                                                                     | Describe the nature of the busines                                                                               |                        | entification number                |
|                                                                | Address<br>(Number, Street, City, State an             | d ZIP Code)                                                         | Name of accountant or bookkeepe                                                                                  |                        | le Social Security number or ITIN. |
|                                                                |                                                        |                                                                     |                                                                                                                  | Dates busine           | ss existed                         |
| 28.                                                            | Within 2 years before your institutions, creditors, or |                                                                     | tcy, did you give a financial statemer                                                                           | nt to anyone about yo  | ur business? Include all financial |
|                                                                | ■ No<br>□ Yes. Fill in the deta                        | ails below.                                                         |                                                                                                                  |                        |                                    |
|                                                                | Name<br>Address<br>(Number, Street, City, State an     | d ZIP Code)                                                         | Date Issued                                                                                                      |                        |                                    |
| Pa                                                             | rt 12: Sign Below                                      |                                                                     |                                                                                                                  |                        |                                    |
| are<br>with<br>18 U                                            | true and correct. I under                              | stand that making a<br>result in fines up to<br>, and 3571.<br>sell | nancial Affairs and any attachments, if false statement, concealing propert \$250,000, or imprisonment for up to | y, or obtaining money  |                                    |
|                                                                | gnature of Debtor 1                                    |                                                                     | orginature or Debtor 2                                                                                           |                        |                                    |
| Da                                                             | January 16, 2020                                       |                                                                     | Date                                                                                                             |                        | _                                  |
| Did<br>In                                                      | No                                                     | ges to Your Statem                                                  | ent of Financial Affairs for Individual                                                                          | s Filing for Bankrupte | cy (Official Form 107)?            |
| Did                                                            | I you pay or agree to pay                              | someone who is no                                                   | t an attorney to help you fill out bank                                                                          | ruptcy forms?          |                                    |
|                                                                |                                                        | Attack the Devil                                                    | unton Detition Duomonoulo Matic - Desilen                                                                        | ation and Cimpaters (C | off: a: a.l. Farma 440)            |
| <u></u> Ц \                                                    | Yes. Name of Person                                    | Attach the Bankrt                                                   | uptcy Petition Preparer's Notice, Declar                                                                         | auon, and Signature (C | iniciai Form 119).                 |

Case number (if known)

Debtor 1 Samantha M. Mothersell

| Fill in this inform             | nation to identify your                         | case:                 |                                                                       |                          |                                                     |
|---------------------------------|-------------------------------------------------|-----------------------|-----------------------------------------------------------------------|--------------------------|-----------------------------------------------------|
| Debtor 1                        | Samantha M. Mot                                 |                       |                                                                       |                          |                                                     |
| Dahtar 0                        | First Name                                      | Middle Name           | Last Name                                                             |                          |                                                     |
| Debtor 2<br>(Spouse if, filing) | First Name                                      | Middle Name           | Last Name                                                             |                          |                                                     |
| United States Bar               | kruptcy Court for the:                          | WESTERN DISTR         | RICT OF NEW YORK                                                      |                          |                                                     |
| Case number                     |                                                 |                       |                                                                       |                          |                                                     |
| (if known)                      |                                                 |                       |                                                                       |                          | Check if this is an                                 |
|                                 |                                                 |                       |                                                                       |                          | amended filing                                      |
| Official For                    | m 100                                           |                       |                                                                       |                          |                                                     |
|                                 |                                                 | n for Indiv           | iduala Eilina Unde                                                    | or Chantar =             | 7                                                   |
| Statemen                        | t or intentio                                   | n for marv            | riduals Filing Unde                                                   | # Chapter I              | 12/15                                               |
| If you are an indiv             | vidual filing under cha                         | pter 7, you must fil  | l out this form if:                                                   |                          |                                                     |
| _                               | claims secured by yo                            |                       |                                                                       |                          |                                                     |
|                                 | ed personal property a<br>form with the court w |                       | ot expired.<br>you file your bankruptcy petition                      | or by the date set for   | the meeting of creditors.                           |
|                                 | er is earlier, unless th                        |                       | e time for cause. You must also s                                     |                          |                                                     |
|                                 |                                                 | r in a joint case, ho | th are equally responsible for sup                                    | onlying correct inform   | nation Both dobtors must                            |
|                                 | d date the form.                                | iii a joint case, bo  | in are equally responsible for sup                                    | plying correct inform    | iation. Both debtors must                           |
|                                 | nd accurate as possib<br>ur name and case nur   |                       | needed, attach a separate sheet                                       | to this form. On the t   | op of any additional pages,                         |
| Part 1: List Yo                 | ur Creditors Who Hav                            | a Secured Claims      |                                                                       |                          |                                                     |
|                                 |                                                 |                       | 0 12 141 11 01 1                                                      |                          | " · · · - 400D) ("II · · · · ·                      |
| information bel                 | low.                                            |                       | : Creditors Who Have Claims Sec                                       | , , , ,                  | <u> </u>                                            |
| Identify the cre                | ditor and the property t                        | hat is collateral     | What do you intend to do with to secures a debt?                      | he property that         | Did you claim the property as exempt on Schedule C? |
|                                 |                                                 |                       |                                                                       |                          |                                                     |
| Creditor's VV                   | W Credit, Inc.                                  |                       | ☐ Surrender the property.                                             |                          | □ No                                                |
| name:                           |                                                 |                       | Retain the property and redee                                         |                          | ■ Yes                                               |
| Description of                  | 2019 Volkswagen                                 |                       | Retain the property and enter<br>Reaffirmation Agreement.             | into a                   | ■ Yes                                               |
| property                        | Sedan 32,000 mile Good condition (li            |                       | ☐ Retain the property and [expla                                      | in]:                     |                                                     |
| securing debt:                  | private party value                             |                       |                                                                       |                          |                                                     |
|                                 | 1/9/2020                                        |                       |                                                                       |                          |                                                     |
|                                 | ur Unexpired Persona                            |                       | in Schedule G: Executory Contract                                     | ote and Unovnirod Le     | asses (Official Form 106G) fill                     |
| in the information              | below. Do not list rea                          | ıl estate leases. Un  | expired leases are leases that are the trustee does not assume it. 11 | still in effect; the lea |                                                     |
|                                 |                                                 |                       | the trustee does not assume it. Th                                    |                          |                                                     |
| Describe your ur                | nexpired personal pro                           | perty leases          |                                                                       | Wil                      | I the lease be assumed?                             |
| Lessor's name:                  | NPRTO New Y                                     | ork, LLC              |                                                                       | •                        | No                                                  |
|                                 |                                                 |                       |                                                                       |                          | Yes                                                 |
| Description of leas             | sed Lease to own                                | certain "Piercing     | Pagoda" jewelery for debtor's                                         | s daughter.              |                                                     |
| Property:                       |                                                 | -                     | <del>-</del>                                                          | -                        |                                                     |
|                                 |                                                 |                       |                                                                       |                          |                                                     |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

| Debto  | Samantha M. Mothersell                           | Case number (if known)                                                                |
|--------|--------------------------------------------------|---------------------------------------------------------------------------------------|
|        |                                                  |                                                                                       |
| Part 3 | Sign Below                                       |                                                                                       |
| Under  | penalty of perjury, I declare that I have indica | ted my intention about any property of my estate that secures a debt and any personal |
| prope  | rty that is subject to an unexpired lease.       |                                                                                       |
| X /    | /s/ Samantha M. Mothersell                       | χ                                                                                     |
| -      | Samantha M. Mothersell                           | Signature of Debtor 2                                                                 |
| ,      | Signature of Debtor 1                            |                                                                                       |
|        |                                                  |                                                                                       |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

### **United States Bankruptcy Court** Western District of New York

| In re    | Samantha M. Mothersell                                                                                                                                                                                                                         |                                                                                                                                     | Case N                                                  | o.                       |                 |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------|-----------------|
|          |                                                                                                                                                                                                                                                | Debtor(s)                                                                                                                           | Chapte                                                  | r <b>7</b>               |                 |
|          | DISCLOSURE OF COMPE                                                                                                                                                                                                                            | NSATION OF ATTO                                                                                                                     | RNEY FOR                                                | DEBTOR(S)                |                 |
| C        | ursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 ompensation paid to me within one year before the filing rendered on behalf of the debtor(s) in contemplation                                                                            | ng of the petition in bankruptcy                                                                                                    | , or agreed to be p                                     | aid to me, for services  |                 |
|          | For legal services, I have agreed to accept                                                                                                                                                                                                    |                                                                                                                                     | \$                                                      | 1,200.00                 |                 |
|          | Prior to the filing of this statement I have received                                                                                                                                                                                          |                                                                                                                                     | \$                                                      | 1,200.00                 |                 |
|          | Balance Due                                                                                                                                                                                                                                    |                                                                                                                                     |                                                         | 0.00                     |                 |
| 2. T     | he source of the compensation paid to me was:                                                                                                                                                                                                  |                                                                                                                                     |                                                         |                          |                 |
|          | ☐ Debtor ☐ Other (specify): <b>Debto</b>                                                                                                                                                                                                       | or's boyfriend, Michael Mod                                                                                                         | ore                                                     |                          |                 |
| 3. T     | he source of compensation to be paid to me is:                                                                                                                                                                                                 |                                                                                                                                     |                                                         |                          |                 |
|          | ■ Debtor □ Other (specify):                                                                                                                                                                                                                    |                                                                                                                                     |                                                         |                          |                 |
| 4. ■     | I have not agreed to share the above-disclosed comp                                                                                                                                                                                            | pensation with any other person                                                                                                     | unless they are m                                       | embers and associates    | of my law firm. |
| [        | ☐ I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the na                                                                                                                                     |                                                                                                                                     |                                                         |                          | law firm. A     |
| 5. I     | n return for the above-disclosed fee, I have agreed to re                                                                                                                                                                                      | ender legal service for all aspec                                                                                                   | cts of the bankrupt                                     | cy case, including:      |                 |
| b.<br>c. | Analysis of the debtor's financial situation, and rend. Preparation and filing of any petition, schedules, star Representation of the debtor at the meeting of credit [Other provisions as needed]  Debtor's boyfriend also paid filing fee of | tement of affairs and plan which<br>ors and confirmation hearing, a                                                                 | h may be required<br>and any adjourned                  | ;                        | nkruptcy;       |
| 5. B     | y agreement with the debtor(s), the above-disclosed fe<br>Fee does not include representation in<br>creditors not the fault of the attorney.                                                                                                   |                                                                                                                                     |                                                         | amend schedules          | to add          |
|          |                                                                                                                                                                                                                                                | CERTIFICATION                                                                                                                       |                                                         |                          |                 |
|          | certify that the foregoing is a complete statement of an<br>nkruptcy proceeding.                                                                                                                                                               | ny agreement or arrangement fo                                                                                                      | or payment to me for                                    | or representation of the | debtor(s) in    |
| Ja       | nuary 16, 2020                                                                                                                                                                                                                                 | /s/ Ronald S. Go                                                                                                                    | ldman, Esq.                                             |                          |                 |
| Da       |                                                                                                                                                                                                                                                | Ronald S. Goldn<br>Signature of Attorn<br>Ronald S. Goldn<br>45 Exchange Str<br>Rochester, NY 1<br>(585) 546-7410<br>rosgol@yahoo.c | nan, Esq.<br>ey<br>nan, Esq.<br>eet, Suite #532<br>4614 | 451                      |                 |

### **United States Bankruptcy Court** Western District of New York

| In re   | Samantha M. Mothersell             |                                                    | Case No.          |                       |
|---------|------------------------------------|----------------------------------------------------|-------------------|-----------------------|
|         |                                    | Debtor(s)                                          | Chapter           | 7                     |
|         | VERI                               | FICATION OF CREDITOR M                             | <b>IATRIX</b>     |                       |
| The abo | ove-named Debtor hereby verifies t | hat the attached list of creditors is true and cor | rrect to the best | of his/her knowledge. |
| Date:   | January 16, 2020                   | /s/ Samantha M. Mothersell                         |                   |                       |
|         |                                    | Samantha M. Mothersell                             |                   |                       |
|         |                                    | Signature of Debtor                                |                   |                       |

Office of the US Trustee 100 State Street, Room 6090 Rochester, NY 14614

Bright Starts of CNY 5962 Route 31 Box 10, Suite 7 Cicero, NY 13039

Crescent Bank and Trust P.O. Box 2460 Chesapeake, VA 23327

DOE/Navient 123 Justinson Street, 3rd Floor Wilmington, DE 19801

Empower Federal Credit Union 1 Member Way Syracuse, NY 13212

Enhanced Recovery Company, LLC P.O. Box 57547 Jacksonville, FL 32241

EOS CCA P.O. Box 981008 Boston, MA 02298

ESL Federal Credit Union 225 Chestnut Street Rochester, NY 14604

First Premier Bank 3820 North Louise Avenue Sioux Falls, SD 57101

Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101

Laboratory Alliance of CNY 104 Union Avenue Syracuse, NY 13203

Liberty Mutual Insurance Company 175 Berkeley Street Boston, MA 02116

Mercantile Adjustment Bureau 165 Lawrence Bell Drive, Suite #100 Buffalo, NY 14221

Miranda J. Molina 6526 Collamer Road East Syracuse, NY 13057

National Grid 300 Erie Boulevard West Syracuse, NY 13202

Newark Wayne Community Hospital P.O. Box 111 Newark, NY 14513

Newman and Lickstein 109 South Warren Street, Suite #404 Syracuse, NY 13202

Nextel/Sprint 6391 Sprint Parkway Overland Park, KS 66251

NPRTO New York, LLC 256 West Data Drive Draper, UT 84020

NY Heart Center 1000 E Genesee St Ste 300 Syracuse, NY 13210

Office of the U.S. Attorney 100 State Street, Suite #500 Rochester, NY 14614

Onondaga County DSS 421 Montgomery Street Syracuse, NY 13202

Pediatric Services Group 750 East Adams Street 3rd Floor Syracuse, NY 13210

Purchasing Power 1349 West Peachtree Street, N.W. Suite #1100 Atlanta, GA 30309

Simons Agency 4963 Wintersweet Drive Liverpool, NY 13088

Stephen Einstein & Associates, P.C. 39 Broadway, Suite #1250 New York, NY 10006

Sunrise Bank 5105 South Crossing Place, Suite #1 Sioux Falls, SD 57108

TBOM/Fortiva P.O. Box 105555 Atlanta, GA 30348

University OB-GYN 725 Irving Ave #600 Syracuse, NY 13210

Upstate Medical Center 750 E Adams Street Syracuse, NY 13210

Upstate Urology
750 East Adams Street, Suite #2
Syracuse, NY 13210

Verizon Wireless 1 Verizon Way Mail Code: 180WVB Basking Ridge, NJ 07920 Victor Family Medicine 277 West Main Street Victor, NY 14564

VW Credit, Inc. P.O. Box 3 Hillsboro, OR 97123